

CRAWFORD & COMPANY DATA COLLECTION FORM
RE: MENU FOODS INCOME FUND'S PRODUCT RECALL

- * Please complete separate form for each pet claimed to have been affected by pet food manufactured by Menu Foods Income Fund.

Call ID Number provided by Crawford & Company (if known):
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I. PET OWNER INFORMATION

1. Name of Pet Owner: _____
2. Current Address: _____
3. Telephone Number: _____
4. Social Security Number: _____
5. What type of pet does this concern?
 Cat _____ Dog _____ Other _____
6. Are you the owner of the pet?
 Yes _____ No _____ If no, who owns the pet? _____
7. Are you claiming that your pet has or may develop bodily injury as a result of consuming pet food manufactured by Menu Food Income Fund?
 Yes _____ No _____ If no, go to Question 15

8. What injuries do you believe your pet has sustained as a result of consuming pet food manufactured by Menu Food Income Fund (Please check all that apply)?

<p style="margin-left: 40px;"> <input type="checkbox"/> Vomiting <input type="checkbox"/> Lack of appetite <input type="checkbox"/> Increased thirst <input type="checkbox"/> Frequent urination and increase in volume <input type="checkbox"/> Depression / Decrease in interest <input type="checkbox"/> Ulcers in the mouth <input type="checkbox"/> Urine-like breath odor <input type="checkbox"/> Poor hair coat <input type="checkbox"/> Death <input type="checkbox"/> Others: _____ </p>

9. If your pet has died, please answer the following:

a. Date of Death (month/date/year):

b. Was a post-mortem exam performed

Yes _____ No _____

c. Was the cause of death determined?

Yes _____ No _____

If "Yes," what was the cause of death, who determined it and when?

Cause of Death	Veterinarian	Date of Determination

10. When did your pet begin to exhibit the above mentioned symptoms (month/date/year)?

11. Have you contacted your veterinarian?

Yes _____ No _____

12. Has your pet been seen and/or treated by a veterinarian or health care provider subsequent to consuming pet food manufactured by Menu Foods Income Fund?

Yes _____ No _____

If "Yes," please list the name, address and telephone of each veterinarian, date of treatment (if any) and diagnosis.

Veterinarian	Address	Telephone Number	Date of Treatment	Diagnosis

13. What (if any) instructions were given to you by your veterinarian? _____

14. Please list the amount of medical bills and/or expenses your pet has incurred to date (Please itemize, including any burial and/or cremation expenses if applicable). _____

II. PRODUCT INFORMATION

15. What type of pet food does this claim concern?

Cat _____ Dog _____

16. What is the name of the pet food (product description)? _____

17. What brand is the pet food (Please circle below)?

Cat: Americas Choice, Preferred Pets
 Authority
 Best Choice
 Companion
 Compliments
 Demoulas Market Basket
 Eukanuba
 Fine Feline Cat
 Food Lion
 Foodtown
 Giant Companion
 Hannaford
 Hill Country Fare
 Hy-Vee
 Iams
 Laura Lynn
 Li'l Red
 Loving Meals
 Meijer's Main Choice
 Nutriplan
 Nutro Max Gourmet Classics
 Nutro Natural Choice
 Paws
 Pet Pride
 Presidents Choice
 Price Chopper
 Priority US
 Save-A-Lot
 Schnucks
 Science Diet Feline Savory Cuts Cans
 Sophistacat
 Special Kitty Canada
 Special Kitty US
 Springfield Prize
 Sprout
 Stop & Shop Companion
 Tops Companion
 Wegmans
 Weis Total Pet
 Western Family US
 White Rose
 Winn Dixie

Dog: Americas Choice, Preferred Pets
 Authority
 Award
 Best Choice
 Big Bet
 Big Red
 Bloom
 Wegmans Bruiser
 Cadillac
 Companion
 Demoulas Market Basket
 Eukanuba
 Food Lion
 Giant Companion
 Great Choice
 Hannaford
 Hill Country Fare
 Hy-VeeIams
 Laura Lynn
 Loving Meals
 Meijers Main Choice
 Mighty Dog Pouch
 Mixables
 Nutriplan
 Nutro Max
 Nutro Natural Choice
 Nutro Ultra
 Nutro
 Ol'Roy Canada
 Ol'Roy US
 Paws
 Pet Essentials
 Pet Pride - Good n Meaty
 Presidents Choice
 Price Chopper
 Priority Canada
 Priority US
 Publix
 Roche Brothers
 Save-A-Lot
 Schnucks
 Shep Dog
 Springfield Prize
 Sprout
 Stater Brothers
 Weis Total Pet
 Western Family US
 White Rose
 Winn Dixie

18. Is the pet food packaged in a can or a pouch?

Can: _____ Pouch: _____

19. What is the size of the can or pouch (in ounces)? _____

20. Please list the UPC of each can and/or pouch fed to your pet. _____

21. When was the pet food manufactured (The manufacture date can be found on the bottom of the can or the back of the pouch)? _____

III. PURCHASE INFORMATION

22. Did you purchase the pet food?

Yes _____ No _____ If no, who purchased it? _____

23. Where was the pet food purchased (Please list store name and address)?

24. When was the pet food purchased (month/date/year)? _____

25. Do you have a copy of the sales receipt for the pet food?

Yes _____ No _____

26. How many cans and/or pouches of the pet food were purchased?

IV. USE INFORMATION

27. Did you feed the pet food to your pet?

Yes _____ No _____ If no, who fed it to your pet? _____

28. When was the pet food fed to your pet (month/date/year)? _____

29. Was this the first time that your pet had consumed this pet food?

Yes _____ No _____

If no, how long had your pet been consuming the pet food (months)? _____

30. How many cans and/or pouches did your pet consume? _____

31. Are you currently in possession of the can(s) and/or pouch(es)

Yes _____ No _____

If "Yes," preserve all opened and unopened can(s) and/or pouch(es) in question.

32. How many can(s) and/or pouch(es) do you have in your possession?

Can(s) _____ Pouch(es) _____

33. How many of the can(s) and or pouch(es) in your possession are open:

Can(s) _____ Pouch(es) _____

34. How many of the can(s) and or pouch(es) in your possession are unopened:

Can(s) _____ Pouch(es) _____

35. Are you in possession of any open and/or unused pet food?

Yes _____ No _____

If "Yes" preserve all open and/or unused pet food in double-bagged sealable plastic and store in the freezer.

36. Did you return any open and/or unused can(s), pouch(es) and/or pet food to the store?

Yes _____ No _____

If "Yes," where and when? _____

V. PET MEDICAL INFORMATION

37. Breed of Pet: _____

38. Date of birth: _____

39. Sex: Male _____ Female _____

40. Prior to consuming the product, did your pet have any preexisting health conditions?

Yes _____ No _____

41. If "Yes," please specify the type of condition or disease, date of diagnosis, veterinarian by whom diagnosis was made, treatment (if applicable), date of recovery (if applicable).

Condition/Disease	Date of Diagnosis	Veterinarian	Treatment	Date of Recovery

42. Prior to consuming the product, was your pet on any medications?

Yes _____ No _____

43. If "Yes," please list medication(s) and date of use.

Medication	Date of Use

44. Please list the names and addresses of each of your pet's current veterinarian.

Name	Address

45. Please list the names and addresses of each clinic or healthcare facility that your pet has received treatment in the last ninety (90) days.

Clinic / Healthcare Facility	Address

VI. RELEVANT DOCUMENTS

Please send all relevant documents and materials, including the following:

- Any records relating to the purchase of the pet food in question, including but not limited to sales receipts, credit card bills and/or other related invoices.
- Can(s) and/or pouch(es) of the pet food in question. (Please ensure they are fully cleaned prior to sending to avoid delays at the post office).

If there is still product in the can or pouch, please retain the product in a double-sealed bag in your freezer. Do not send cat or dog food in the mail.

- Records of any veterinarian, clinic and/or other healthcare facility identified in response to this profile form.

Please retain a copy of these documents for your own records.

Please return this claim form and all relevant documents to:

**Crawford & Company
Menu Foods Recall
133 Weber Street North, Suite 3-514
Waterloo, ON
N2J 3G9**