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CLAIM FORM HILL'S DOG FOOD CLASS ACTION

You must fill in and submit this claim form by March 26, 2024 to ask for money from the Hill's Dog Food Class Action Settlement. This Settlement generally includes those who purchased certain Hill's Prescription Diet and Science Diet canned dog foods ("**Products**") in Canada between the Settlement Class Period of September 1, 2018, and May 31, 2019.

The specific Products are listed in the Notice of Proposed Settlement in the Hill's Dog Food Class Action. Before you fill in this claim form, you should read that Notice document. That Notice document also tells you about the Settlement, and where to get free legal help with this claim form.

There is an office that will review your claim form and decide if you get money. The name of that office is Kroll Settlement Administration LLC. You must send this claim form to the address below by March 26, 2024. Please note that submitting this claim form does not guarantee reimbursement.

You must attach to this claim form, all of the **Documentation Required** for your claim, as listed in the grid below. Acceptable forms of documentation include: veterinary notes, veterinary records, test or laboratory reports, or statements and/or letters from the veterinarian, hospital or clinic. If you do *not* submit the Documentation Required for the claim you are making, you will *not* receive compensation.

Claim	Amount	Type	Documentation Required
Dog Injury Claims	up to \$500	any amounts incurred in screening, diagnosing, and treating the dog	documentation showing screening or treatment of the dog for symptoms consistent with consumption of excess vitamin D as a result of the use or consumption of the Products
	\$5,000	damages relating to the death of the dog	(i) documentation showing screening or treatment of the dog for symptoms consistent with consumption of excess vitamin D following the use or consumption of the Products, (ii) documentation showing that the dog died after the date of these documented symptoms, and (iii) documentation showing that the dog died or was euthanized as a result of these symptoms.
Consumer Food Purchase Claims	full purchase price	purchase of the Products	attestation with valid proof of purchase
	suggested retail purchase price up to \$20	purchase of the Products	attestation without valid proof of purchase

Send this form to: info@dogfoodclassactionsettlement.com OR [Lindhout v. Hill's Pet Nutrition, c/o Kroll Settlement Administration, PO Box 5324, New York, NY 10150-5324](#)

For questions, email: info@dogfoodclassactionsettlement.com; or call toll-free: (833) 512-2301.



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SECTION A: CLAIMANT INFORMATION*	
Claimant First Name:	
Claimant Last Name:	
Claimant Address 1:	
Claimant Address 2:	
Claimant City:	
Claimant Province:	
Claimant Postal Code:	
Claimant Email:	
Claimant Telephone:	
Dog Name(s) as appearing on any veterinary records:	
If you are making a claim on behalf of someone else, please provide your name, contact information, and basis for representation:	

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To make a claim, you must complete one or more of the sections below.

Settlement Class Members can make both a Dog Injury Claim for amounts paid, and a Dog Injury (Death) Claim for the passing of their dog, if applicable.

Settlement Class Members may only make one type of Consumer Food Purchase Claim (either with proof of payment, or without proof of payment).

Only one claimant per Household will be eligible.

To make a claim for the veterinary expenses you paid related to your dog's injury (or concern for injury) from the consumption of the Hill's Products, you must complete Section B below, and provide documentation. Please check all boxes that apply.

SECTION B: DOG INJURY CLAIM	
<input type="checkbox"/>	I bought the following Products described in the Notice (full product names): _____ _____ _____ _____ _____ between September 1, 2018 and May 31, 2019.
<input type="checkbox"/>	I paid a total of \$_____. _____ for the screening, diagnosing, or treatment of my dog for symptoms consistent with consumption of excess vitamin D as a result of my dog having consumed these Products.
<input type="checkbox"/>	I paid a total of \$_____. _____ for the screening, diagnosing, or treating my dog, which was reasonably necessary based on a concern for my dog that had consumed these Products, and was done on a veterinarian's referral or recommendation.

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<input type="checkbox"/>	<p>I am attaching the following documents showing screening or treatment of my dog for symptoms consistent with consumption of excess vitamin D as a result of my dog's consumption of these Products, and/or a referral or recommendation of a veterinarian to screen for illness from the consumption of these Products: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/>	<p>I authorize the Settlement Administrator, in its own discretion, to contact my dog's treating veterinarian, to make a determination as to the validity of the claim based on the documentation submitted and any other materials determined to be relevant.</p> <p>Veterinarian Name and Office Name: _____</p> <p>Veterinarian Address: _____</p> <p>Veterinarian Email: _____ @ _____</p> <p>Veterinarian Telephone: _____</p>

To make a claim related to your dog's passing from the consumption of the Hill's Products, you must complete Section C below, and provide documentation. Please check all boxes that apply.

SECTION C: DOG INJURY CLAIM (DEATH)

<input type="checkbox"/>	<p>I bought the following Products described in the Notice (full product names): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>between September 1, 2018 and May 31, 2019.</p>
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<input type="checkbox"/>	<p>I am attaching these documents showing <i>all</i> of the following:</p> <p>(i) screening or treatment of my dog for symptoms consistent with consumption of excess vitamin D following the use or consumption of the Products; <u>and</u></p> <p>(ii) that my dog passed away or was euthanized <i>after the date of</i> these symptoms; <u>and</u></p> <p>(iii) that my dog passed away or was euthanized <i>as a result of</i> these symptoms: _____</p> <p>_____</p> <p>_____</p>
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<input type="checkbox"/>	<p>I authorize the Settlement Administrator, in its own discretion, to contact my dog's treating veterinarian, to make a determination as to the validity of the claim based on the documentation submitted and any other materials determined to be relevant.</p> <p>Veterinarian Name and Office Name: _____</p> <p>Veterinarian Address: _____</p> <p>Veterinarian Email: _____ @ _____</p> <p>Veterinarian Telephone: _____</p>
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To make a claim for what you paid for the Hill's Products, you must complete Section D below. You do not need to provide documentation, but will not be eligible for the full purchase price paid without documentation. Please check all boxes that apply.

SECTION D: CONSUMER FOOD PURCHASE

<input type="checkbox"/>	<p>I bought the following Products described in the Notice (full product names): _____</p> <p>_____</p> <p>_____</p> <p>between September 1, 2018 and May 31, 2019.</p>
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<input type="checkbox"/>	I am attaching a proof of purchase of these Products, which shows the full price I paid for them of \$ _____.
<input type="checkbox"/>	I am not attaching a proof of purchase, but I confirm under penalty of perjury that I purchased these Products, and that I have not already received payment or a refund for these products.

I confirm that all the information provided in this claim form is true.

Claimant Signature

_____/_____/_____
Date

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