

**Your claim form
must be submitted
online or
postmarked by:
July 23, 2024**

**United States District Court
Northern District of Illinois**

SER

*In re: Seresto Flea and Tick Collar Marketing, Sales Practices and
Products Liability Litigation*
MDL No. 3009, Lead Case No. 1:21-cv-04447

CLAIM FORM INSTRUCTIONS

1. You may submit your Claim Form online at www.FleaandTickCollarSettlement.com or by U.S. Mail to the following address:

Seresto Settlement, c/o Claims Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.
2. Please type or write your responses legibly.
3. Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned.
4. If your Claim Form is incomplete or missing information, the Claims Administrator may contact you for additional information. If you do not respond, the Claims Administrator will be unable to process your claim, and you will waive your right to receive money under the Settlement.
5. No more than one Claim per Settlement Class Household shall be submitted or allowed as an Approved Claim.
6. If you have any questions, please contact the Claims Administrator by email at Info@FleaAndTickCollarSettlement.com or by mail at the address listed above.
7. **You must notify the Claims Administrator if your address changes. If you do not, you may not receive your payment.**
8. **DEADLINE -- Your claim must be submitted online no later than July 23, 2024. Claim Forms submitted by mail must be mailed to the Claims Administrator postmarked no later than July 23, 2024.**

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IMPORTANT DEFINITIONS

1. **Seresto Products** means, collectively, the Seresto Flea and Tick Collar for Large Dogs (above 18 pounds); the Seresto Flea and Tick Collar for Small Dogs (under 18 pounds); and the Seresto Flea and Tick Collar for Cats.
2. **A Settlement Class Household, for purposes of making a Claim, shall be comprised of the Claimant together with any family, which includes both immediate and extended family members, living under the same roof as the Claimant.**
3. **Valid Proof of Purchase** means verifiable documentation of a transaction that reflects the purchase of one or more **Seresto Products** on or before **July 8, 2024**.

Examples may include but are not limited to store receipts; online purchase receipts; packaging; the Seresto Product (i.e., a picture of Collar) itself; or any other contemporaneous record of purchase that is objectively verifiable. **Do not send the Collar with your Claim Form.**

4. Medical Treatment Costs Documentation:

- Dated medical bills or receipts from a licensed veterinarian or other animal health care provider evidencing payments made by Claimant related to Claimant's claimed pet injury, along with medical records indicating treatment related to the injury alleged to be caused by use of the Seresto Product; or
- A declaration supplied by a licensed veterinarian or other animal health care provider evidencing payments made by Claimant related to the Claimant's claimed pet injury, also describing the treatment related to the injury alleged to be caused by use of the Seresto Product; AND one of the following:
 - Dated credit card statements; check statements; or other payment documentation evidencing payment by the Claimant related to the Claimant's claimed pet injury; or
 - Dated bank statements evidencing payment of out-of-pocket expenses related to the Claimant's claimed pet injury.

5. Death Related Costs Documentation:

- Dated bills or receipts evidencing payments made by Claimant related to the burial, cremation or other disposal of a pet; or
- A declaration supplied by the provider of pet burial, cremation, or other pet disposal services; AND one of the following:
 - Dated credit card statements; check statements or other payment documentation evidencing payment by the Claimant for the burial, cremation, or other disposal of the pet; or
 - Dated bank statements evidencing payment of out-of-pocket expenses related to Claimant's payment for burial, cremation, or other disposal of a pet.

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CLAIM FORM

I. YOUR CONTACT INFORMATION AND MAILING ADDRESS

Provide your name and contact information below.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

II. COLLAR REIMBURSEMENT

Complete this section if you are seeking reimbursement of Seresto Products purchased on or before July 8, 2024.

Enter the number of Seresto Products you are claiming **and providing proof of purchase** for. Claimants with Valid Proof of Purchase shall be entitled to a Cash Award in the amount of \$13.00 for each Collar purchased. There is no limitation on the number of Collars that a Claimant can seek reimbursement for with Valid Proof of Purchase.

Enter the number of pets you are claiming used Seresto Products **without** proof of purchase.

Enter the number of Seresto Products you are claiming **without** proof of purchase. Claimants without Valid Proof of Purchase shall be entitled to a Cash Award in the amount of \$13.00 for each Collar purchased per pet, subject to a maximum Cash Award of \$26.00 per pet.

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III. INJURY REIMBURSEMENT

Complete this section if you are seeking reimbursement for a pet injury allegedly caused by the Seresto Collar that did not result in death. Select **one** of the options below (you **cannot** select both).

- Check this box if you are seeking \$25 for economic loss related to the treatment of your pet's alleged injury or injuries. You must complete the **declaration section** below.
- Check this box if you are seeking to be reimbursed 100% of any out-of-pocket, non-reimbursed costs paid by you for medical treatment. You must provide Medical Costs Treatment Documentation.

Indicate the amount of reimbursement you are providing documentation for:

\$

Declaration Section (\$25 Payment)

Identify the injury or injuries suffered by your pet that you allege were caused by the use of the Seresto Product. Check all that apply:

- Skin effects, including lesions and reddened, dry and irritated skin
- Lethargy
- Abnormal behavior
- Excessive grooming and vocalization
- Vomiting
- Diarrhea
- Anorexia
- Negative effects on one or more organ system
- Convulsions
- Muscle tremors
- Loss of control of bodily movements
- Other: _____

Statement under penalty of perjury:

- By checking this box, I hereby declare under penalty of perjury that my pet suffered the injury or injuries I identified above and that I experienced some economic loss related to the treatment of the injury or injuries.

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IV. PET DEATH REIMBURSEMENT

Complete this section if you are seeking reimbursement for the death of your pet alleged to be caused by the Seresto Collar. Indicate which options below you are claiming (**you can select both**).

A. Pet Death Reimbursement

- Check this box if you are seeking a \$300 payment, and also check the appropriate box or boxes below. By checking this box, you hereby **declare under penalty of perjury** that the death of your pet was allegedly caused by the use of a Seresto Product, and not for unrelated reasons, and that you experienced an economic loss of at least \$300 in pet property or replacement costs related the death of your pet.

To seek reimbursement for the death of your pet alleged to be caused by the Seresto Collar, identify the injury or injuries suffered by your pet prior to the death that you allege were caused by the use of the Seresto Product. Check all that apply. The Claims Administrator will review this information in evaluating your claim:

- Skin effects, including lesions and reddened, dry and irritated skin
- Lethargy
- Abnormal behavior
- Excessive grooming and vocalization
- Vomiting
- Diarrhea
- Anorexia
- Negative effects on one or more organ system
- Convulsions
- Muscle tremors
- Loss of control of bodily movements
- Other: _____

B. Pet Medical Treatment, and Costs for Burial, Cremation or other Disposal

- Check this box if you are seeking to be reimbursed 100% of any out-of-pocket, non-reimbursed costs paid by you for medical treatment, and costs paid for burial, cremation or other disposal of your pet. You must provide Medical Costs Treatment Documentation and/or Death Related Costs Documentation.

Indicate the amount of reimbursement you are providing documentation for:

\$

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V. PAYMENT SELECTION

Please select from one of the following payment options:

Venmo - Enter the mobile number associated with your Venmo account: _____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided in Section I above.

VI. VERIFICATION AND ATTESTATION UNDER PENALTY OF PERJURY

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that I am the person identified in Section I and the information provided in this Claim Form, including the number Seresto Products claimed and accompanying supporting documentation, is true and correct, and that nobody has submitted another claim in connection with this Settlement on my behalf or from the same Settlement Class Household. I understand that the Claims Administrator reserves the right to require further proof of identification or other information to validate my Claim.

Your signature

Date: _____
MM DD YYYY

Your name