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*In re: Midwestern Pet Foods Marketing, Sales Practices,
and Product Liability Litigation*

UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF INDIANA,
Case No. 3:21-CV-00007-RLY-MPB

MIDWESTERN PET FOODS SETTLEMENT CLAIM FORM

This Claim Form relates to the settlement of lawsuits alleging that certain Midwestern Pet Foods Products contained or may have contained excessive levels of aflatoxin or *Salmonella*.

By signing and submitting this form, you are attesting to the accuracy and truthfulness of the facts and documents provided. All claims submitted are subject to review by the Settlement Administrator, veterinary experts, and the attorneys for the parties. You may be contacted to clarify or verify certain information.

All information submitted will be kept confidential, except as noted elsewhere in this document. This Claim Form and any accompanying information will be used solely by the Settlement Administrator to process claims under the Midwestern Pet Foods Settlement Program (“the Settlement”) and may be reviewed by Settlement Class Counsel, a veterinarian or other expert (if necessary), Midwestern, Defendants’ Counsel, the Court, and/or a mediator.

Please note that simply filling out this form does not guarantee reimbursement and/or payment.

Each Household is only eligible to submit one Pet Injury Claim per pet and/or one Consumer Food Purchase Claim. A “Household” means all persons or entities who share a physical address. For all corporations, partnerships, business organizations or associations, or other type of legal entity, there can be only one physical address used even if there are multiple locations. Persons or entities who bought Midwestern Pet Food Products listed in “List of Recalled Products” on the Settlement Website, www.mwpcfsettlement.com, for resale are not eligible to make a claim. Additionally, persons who signed a release with Defendants are not eligible to make a claim.

IMPORTANT INFORMATION REGARDING REIMBURSEMENT

If you have been reimbursed previously by Defendants or a retailer for expenses associated with the Midwestern Pet Food Products listed in “List of Recalled Products” on the Settlement Website, www.mwpcfsettlement.com, but did not sign a release of claims, then the already-reimbursed amount will be deducted from the total amount provided to you as part of this Settlement. If the total amount of your previous reimbursement or payment from Defendants or a retailer is greater than the total amount that you are entitled to as part of this Settlement, then you will not receive any further reimbursement or payment as part of this Settlement. All payment amounts provided as part of this Settlement may be reduced depending on the number of valid claims submitted.

If you would like to receive your benefit electronically, you must complete the Claim Form electronically on the website: www.mwpcfsettlement.com.

I. HOW YOU CAN QUALIFY FOR AND RECEIVE A PAYMENT

You are eligible to file a claim if you purchased one or more of the Midwestern Pet Food Products listed in “List of Recalled Products” on the Settlement Website, www.mwpcfsettlement.com, (Exhibit C of the Settlement Agreement) that were recalled on **December 30, 2020, January 11, 2021, and March 26, 2021.**

In order to be eligible for any compensation from the Settlement, you must:

- complete Part II of this Claim Form, Part III for Consumer Food Purchase Claims, and/or Part IV for Pet Injury Claims;
- sign the verification statement in Section V; and
- return the Claim Form either by mailing it by U.S. Mail to the address below, along with your supporting documentation (if any), postmarked on or before **August 3, 2023**, or by submitting it online at www.mwpcfsettlement.com on or before **August 3, 2023**.



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This Claim Form will be used solely by the Settlement Administrator to process claims for this Settlement. Go to www.mwpcfsettlement.com to submit your Claim Form online. If you cannot submit your claim online, you should complete, sign, and return this Claim Form to claim@mwpcfsettlement.com or:

MIDWESTERN PET FOODS SETTLEMENT PROGRAM
c/o Settlement Administrator
P.O. Box 4214
Portland, OR 97208-4214

Please read the Long Form Notice (available at www.mwpcfsettlement.com) carefully before filling out this Claim Form.

II. YOUR INFORMATION

Please provide the following information:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Address 2

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Best Daytime Phone Number to Reach You	Best Evening Phone Number To Reach You
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

Unique ID (if available)

Contact information for treating veterinarian, if any:

Vet Clinic Name

Veterinarian Name

Address

Address 2

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number

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III. CONSUMER PET FOOD PURCHASE CLAIM INFORMATION

You may submit either (1) a claim for reimbursement for purchases of Midwestern Pet Food Products if you do have proof of purchase, or (2) a claim for reimbursement for purchases of Midwestern Pet Food Products if you do not have proof of purchase. You may NOT submit both.

If you have proof of your Midwestern Pet Food Product purchases, such as a receipt showing these purchases, please continue to Section A (“Proof of Purchase”).

If you do NOT have proof of your purchase, please continue to Section B (“No Proof of Purchase”).

A. Proof of Purchase

Please provide the information requested in the chart below regarding your Midwestern Pet Food Product purchases and attach documentation showing your purchases of Midwestern Pet Food Products that were recalled on December 30, 2020, January 11, 2021, and March 26, 2021. Acceptable proof of purchase includes receipts, copies of receipts, retailer loyalty card records, or other legitimate, documentary proof showing payment to an authorized retailer or Defendant. Fully documented claims under this Section will be paid at a rate of 100%, subject to pro rata decrease depending on the number of valid claims submitted, as set forth in more detail in the Long Form Notice.

Date of Purchase (mm/dd/yy)	Place of Purchase (Store/City/State or Website)	Product Name	Number of Bags Bought	Price Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

B. No Proof of Purchase

If you do not have proof of your purchase of Midwestern Pet Food Products, you will receive up to \$25 reimbursement per bag of food purchased for up to two bags, subject to a pro rata decrease depending on the number of valid claims submitted, as set forth in more detail in the Long Form Notice. Please provide the information requested below regarding your Midwestern Pet Food Product purchases.

Number of Midwestern Pet Food Bags Bought:

IV. REIMBURSEMENTS AND PAYMENTS FOR LOSSES AND EXPENSES RELATING TO THE TESTING, TREATMENT, SICKNESS, OR DEATH OF YOUR PET

You may be eligible to receive money from the Net Settlement Fund if your pet became sick or died and showed signs of aflatoxin or *Salmonella* poisoning after consuming any of the Midwestern Pet Food Products covered by this Settlement (pet food recalled on **December 30, 2020, January 11, 2021, and March 26, 2021**).

If your pet died and showed signs of aflatoxin poisoning after consuming any of the products listed in “List of Recalled Products” on the Settlement Website, www.mwpcfsettlement.com, you are eligible to recover related costs, such as costs for veterinarian care or treatment, costs of burial or cremation, the cost paid to purchase the pet, or the cost of a new pet. If your pet became ill and showed signs of aflatoxin or *Salmonella* poisoning after consuming any of the products covered by this Settlement, you are eligible to recover related costs, such as costs for veterinarian care, treatment, medication, or screening, provided you submit supporting documentation.



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If your pet died or became sick and showed signs of aflatoxin or *Salmonella* poisoning after consuming any of the products covered by this Settlement but you do not have any supporting documentation, you may submit a claim along with a declaration under penalty of perjury for up to \$75 for pets that became ill but did not die and up to \$150 for pets that died. Please see Part A below. If a Pet Injury Claim supported solely by declaration(s) is not credible as determined by the Settlement Administrator, it will be rejected. The payment of these claims may also be subject to a pro rata decrease as set forth in the Long Form Notice.

To make a valid Pet Injury Claim supported by documentation, you **MUST** submit documents showing screening, diagnosis, or treatment of your pet with signs consistent with the use or consumption of aflatoxin or *Salmonella* resulting from the use or consumption of the products covered by this Settlement. The types of documents acceptable include, but are not limited to, receipts, invoices, contracts, and veterinarian records. Settlement Class Members seeking reimbursement for losses related to sick, injured, or deceased pets used for profit (breeding) must also provide business records (e.g., sales records, profit and loss statements, tax records, or similar documentation) and a copy of their commercial license or other state or federal permit (if required) that was valid at the time the pet was sick, injured, or deceased. Only documented out-of-pocket expenses will be considered for reimbursement. Simply submitting a claimed expense is not a guarantee that the expense will be reimbursed. The payment amount for these claims may be reduced depending on the number of valid claims submitted, as explained in more detail in the Long Form Notice.

By submitting a Pet Injury Claim, you are authorizing the Settlement Administrator, in its discretion, to fully investigate the validity of the Pet Injury Claim, including contacting the treating veterinarian who treated the Settlement Class Member's allegedly injured pet and by seeking the input of Class Counsel and Defendants' Counsel. For any Pet Injury Claim, the Settlement Administrator, Class Counsel, a mediator jointly selected by the Plaintiffs and Defendants, or the Court may request additional proof, including testimony under oath. All Pet Injury Claims are subject to an initial cap of \$150,000. Please see the Long Form Notice for further details. Any Pet Injury Claim submitted that seeks reimbursement or payment in an amount below \$3,000 shall be resolved by the Settlement Administrator in its discretion and in consultation with Class Counsel about such claims. Any Pet Injury Claim submitted that seeks reimbursement or payment in an amount \$3,000 or above will be paid only upon the recommendation of the Settlement Administrator and approval of Class Counsel. If Class Counsel or Defendants' Counsel has a good faith belief that a particular claim seeking reimbursement in an amount of \$3,000 and above requires additional review, Class Counsel and Defendants' Counsel shall meet and attempt to agree upon a resolution. If Class Counsel and Defendants' Counsel are unable to agree, Class Counsel and/or Defendants' Counsel have the right to request that the claim be reviewed by a mediator jointly selected by Class Counsel and Defendants' Counsel, whose time for making such a determination will be paid from the Settlement Fund.

Settlement Class Members who have already received reimbursement for the same claims from Defendants and did not sign a release of claims are not eligible to receive duplicative payments, but may receive additional compensation if consistent with the Plan of Allocation.

A. Pet Injury Claim with No Supporting Documentation

Print Name:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enter the date you declare your pet died or became ill: -

MM YYYY

Type of pet: Cat Dog

Breed	Age
<input type="text"/>	<input type="text"/>

Please mark one:

- My pet *died* after consuming one of the products covered by this Settlement.
- My pet *became ill* after consuming one of the products covered by this Settlement.

My pet experienced the following symptoms: _____



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To the best of your recollection, please complete the following.

Date the product was purchased: MM - DD - YYYY

Store Name

Grid for Store Name

Store Location:

City

Grid for City

State

Grid for State

I declare, under penalty of perjury, that am over the age of 18 and the above information is true and correct to the best of my recollection.

Signature box

Signature

Date: MM - DD - YYYY

B. Pet Injury Claim with Documentation

Please list the losses and expenses you incurred in the chart below. Remember to attach proof of these expenses, including invoices, payment records, business records, veterinary notes, veterinary records, test or laboratory reports, or statements from the veterinarian, hospital, or clinic. If you already received reimbursement for these losses from the Defendants and signed a release of your claims, you are not entitled to additional compensation. Payment amounts provided as part of this Settlement may be reduced depending on the number of valid claims submitted.

Are you seeking to file a Breeder Claim? Yes No

Table with 4 columns: TYPE OF EXPENSE/LOSS, EXPENSE/LOSS AMOUNT, DATE INCURRED (mm/dd/yy), DESCRIBE PROOF OF EXPENSE/LOSS

Each expense listed above must be related to the screening or treatment of your pet with signs consistent with the use or consumption of aflatoxin or Salmonella resulting from the use or consumption of Midwestern Pet Food Products covered by this Settlement that were recalled on December 30, 2020, January 11, 2021, and March 26, 2021.



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Please feel free to provide an explanation for any of the above expenses, if you wish to do so. Such explanation is not necessary in order to be eligible to receive money for your Pet Injury Claim.

V. VERIFICATION

I declare, under penalty of perjury, that the above information is true and correct to the best of my recollection. I understand that the above information may be reviewed and verified by the Settlement Administrator and counsel for the Parties. I hereby authorize the Settlement Administrator, in its discretion, to contact me and/or the treating veterinarian for my pet(s), seek the input of Class Counsel, Defendants' Counsel, and/or Midwestern Pet Foods, and to fully investigate and make a determination as to the validity of the claim based on the documentation submitted and any other materials determined to be relevant. I also authorize the Settlement Administrator (in conjunction with a veterinarian or other expert, if necessary) to review these documents, investigate, evaluate, and make a determination as to the validity and value of my claim.

Signature

Dated:

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MM DD YYYY

VI. DEADLINE TO SUBMIT YOUR CLAIM FORM

Submit the Claim Form and your supporting documentation, if any, using one of the methods described below by the deadline listed.

Online: Must be submitted on or before August 3, 2023	www.mwpcfsettlement.com
By Mail: Must be postmarked on or before August 3, 2023	MIDWESTERN PET FOODS SETTLEMENT PROGRAM c/o Settlement Administrator PO Box 4214 Portland, OR 97208-4214
By Email: Must be received by the Settlement Administrator on or before August 3, 2023	claim@mwpcfsettlement.com

Please keep a copy of your completed Claim Form and copies of any attached documentation for your records.

Additional copies of the Long Form Notice and this Claim Form are available at www.mwpcfsettlement.com. If you have any questions about the Long Form Notice or Claim Form, please contact the Settlement Administrator at 1-888-501-9437, or visit www.mwpcfsettlement.com.