



SAN FRANCISCO SPCA SIDO PROGRAM

YOUR NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ (C) _____

PET BIOGRAPHY

PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE. IF YOUR PET COMES TO US FOR RE-HOMING, WE WANT TO TREAT HIM/HER IN THE SAME MANNER THAT HE/SHE IS USED TO. THIS WILL HELP ALLEVIATE STRESS AND ENCOURAGE HEALING.

Cat

Dog

Male

Female

NAME: _____ BREED: _____ AGE: _____

IF YOU HAVE A PHOTO OF YOUR PET THAT YOU DON'T MIND SHARING PLEASE ATTACH IT.

TRANSFER ARRANGEMENTS

1. IF YOU ARE ENROLLING MORE THAN ONE PET, PLEASE INDICATE WHETHER THE PETS SHOULD BE ADOPTED OUT TOGETHER, OR SEPARATELY.

Together

Separately

2. THE SF SPCA SIDO PROGRAM IS ONLY ABLE TO TAKE 6 PETS PER PERSON, EACH ONE AFTER THE FIRST TWO MUST COME WITH AT LEAST \$2,500 IN YOUR WILL OR TRUST EACH. FOR MORE INFORMATION, PLEASE CALL JESSICA SANANES, PLANNED GIVING OFFICER, AT (415) 554-3027 OR EMAIL HER AT JSANANES@SFSPCA.ORG.

3. PLEASE TELL US WHAT SPECIAL PROVISIONS FOR YOUR PET OR THE SF SPCA YOU HAVE MADE IN YOUR WILL OR TRUST? _____

4. PLEASE PROVIDE US WITH THE NAME OF THE INDIVIDUAL(S) RESPONSIBLE FOR TRANSPORTING YOUR PET(S) TO THE SAN FRANCISCO SPCA IN CASE OF YOUR DEATH.

NAME: _____ TELEPHONE: _____

5. PLEASE PROVIDE INFORMATION ABOUT YOUR PET'S VETERINARIAN.

NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

HISTORY

YOUR PET'S NEW FAMILY WOULD BENEFIT FROM THIS INFORMATION.

6. WAS THE ANIMAL A RESCUE?

Yes No IF SO, FROM WHICH SHELTER/AGENCY/ETC? _____

7. WHAT AGE WAS THIS ANIMAL WHEN IT CAME TO YOU? _____

8. IS YOUR PET SPAYED/NEUTERED? Yes No

9. DOES YOUR PET HAVE A MEDICAL CONDITION OR SPECIAL NEEDS? IF SO PLEASE PROVIDE DETAILS ON A SEPARATE SHEET. Yes No

10. IS YOUR PET CURRENTLY RECEIVING MEDICAL TREATMENT OR MEDICATION? IF SO PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER. Yes No

TEMPERMENT

11. WHAT SHOULD WE KNOW ABOUT YOUR PET SO THAT WE, AND YOUR PET, CAN BE COMFORTABLE WITH ONE ANOTHER? _____

12. ARE THERE SPECIAL THINGS YOUR PET LIKES? TOYS, GAMES & ACTIVITIES... _____

13. PLEASE TELL US ABOUT YOUR PET'S SPECIAL QUALITIES: _____

14. WHAT WOULD YOU LIKE YOUR PET'S NEXT GUARDIAN TO KNOW ABOUT YOUR PET? _____

15. HOW DOES YOUR PET INTERACT WITH:
OTHER PEOPLE? _____
STRANGERS WHO COME IN THE HOUSE? _____

16. HAS YOUR PET LIVED WITH: Cats Dogs
 Other pets (what kind _____) Children (ages _____)

WAS THIS SUCCESSFUL? _____

17. HOW DOES YOUR PET REACT TO:
CAR RIDES? _____

VISITS TO THE VETERINARIAN? _____

If you have any questions about the Sido Program, contact:
Jessica Sananes at the San Francisco SPCA
Telephone: (415) 554-3027 — Email: JSananes@sfspca.org





MORE DETAIL—DOGS ONLY

YOUR NAME: _____ DOGS NAME: _____

HOW IS YOUR DOG WITH STRANGERS? Loves all people Doesn't like certain people: _____

DOES YOUR DOG BARK AT: Dogs? Cats? Children? Bicycles? Skateboards?

HOW IS IT BRUSHING YOUR DOG?

- Easy
- Difficult
- Very Difficult
- I haven't tried

HOW EASY IS IT TO CLIP YOUR DOG'S NAILS?

- Easy
- Difficult
- Very Difficult
- I haven't tried

IS THIS DOG HOUSEBROKEN?

- Yes
- He/She is paper trained
- He/She has accidents
- No

CAN YOU TAKE THINGS AWAY FROM YOUR DOG?
(Check all that apply)

- No problem taking bones, toys, food away
- Cannot touch food or take bowl away
- Cannot push or order dog off furniture
- I haven't tried

HOW IS YOUR DOG WITH OTHER DOGS?
(Check all that apply)

- Plays with other dogs regularly
- Good with dogs off-leash, bad on-leash
- Fights a lot
- Fights sometimes
- Fights with certain dogs
- Has hurt dogs in fights
- Good meeting new dogs

CHECK ALL THAT APPLY:

- Confident
- Walks politely on leash
- Loves fetch
- Frightened of _____

- Affectionate
- Sedate/mellow
- Digs
- Escapes

- Shy/reserved
- Barks often
- Comes when called
- Very Active

IS THIS DOG CRATE TRAINED?

- No Yes

DOES HE/SHE LIKE CRATES?

- No Yes

DOES YOUR DOG JUMP FENCES OR ESCAPE?

- No Yes

HAS YOUR DOG HAD ANY TRAINING?

- No Yes

WHAT IS YOUR DOG'S DAILY EXERCISE? _____

HOW MUCH TIME IS THE DOG KEPT ALONE OUTSIDE? _____ INSIDE? _____

WHERE DOES THE DOG SLEEP AT NIGHT? _____

WHERE DO YOU LEAVE THE DOG WHEN NO ONE IS HOME? _____

WHAT DO YOU LIKE MOST ABOUT YOUR DOG? _____

HAS THIS DOG EVER BITTEN AND BROKEN THE SKIN (DRAWING BLOOD)? IF YES, WHEN? _____