



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—CATS ONLY

YOUR NAME: _____ CATS NAME: _____

YOUR CAT'S DIET IS: Canned Semi-moist Dry food

BRAND OF FOOD: _____

FEEDING TIME IS: In the morning In the evening Throughout the day

IS YOUR CAT MOST ACTIVE: During the day At night

YOUR CAT IS:

- Completely litter trained
- Sometimes urinates outside the box
- Sometimes defecates outside the box

YOUR CAT LIVES:

- Strictly indoors
- Indoors and outdoors
- Outdoors all the time

HOW MANY LITTER BOXES ARE IN THE HOME? ____ WHAT IS THE TYPE OF LITTER USED? _____

IS YOUR CAT DECLAWED? Yes No

- CHECK ALL THAT APPLY:
- | | | |
|---|---|--|
| <input type="checkbox"/> Very vocal, meows a lot | <input type="checkbox"/> Doesn't like being picked up | <input type="checkbox"/> Uses scratching post |
| <input type="checkbox"/> Likes to be brushed | <input type="checkbox"/> Shy with strangers | <input type="checkbox"/> Hunts rodents/ birds |
| <input type="checkbox"/> Lap cat | <input type="checkbox"/> Playful | <input type="checkbox"/> Fights with cats (includes neighborhood cats) |
| <input type="checkbox"/> Sedate/mellow | <input type="checkbox"/> Frightened by loud noises | <input type="checkbox"/> Likes to play with hands/feet |
| <input type="checkbox"/> Likes being held | <input type="checkbox"/> Outgoing/Friendly with strangers | <input type="checkbox"/> Scratched furniture |
| <input type="checkbox"/> Nips or bats if handled too long | <input type="checkbox"/> Wants a lot of attention | |
| <input type="checkbox"/> Very active | | |
| <input type="checkbox"/> Very tolerant | | |

DOES YOUR CAT NIP/SCRATCH FOR REASONS OTHER THAN ABOVE? PLEASE EXPLAIN _____

YOUR CAT LIKES (check all that apply)

- Other cats
 - Dogs
 - Children (ages____)
 - Birds/ Rodents
 - Other _____
- _____
- _____

YOUR CAT DISLIKES (check all that apply)

- Other cats
 - Dogs
 - Children (ages____)
 - Birds/ Rodents
 - Other _____
- _____
- _____