



Dog History Form

Adoption Return

Public Guardian Surrender

Less than 30 days [return] Over 30 days [surrender]

Appointment Fee Paid Non-refundable

Guardian Name	
Address	
Phone Number	Email
Dog's Name	
How long have you had dog?	
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered / Spayed
Breed	

Why are you giving up your dog?

Moving Allergies Not Housetrained New Baby Too Much Energy No Time

Not getting along with other pets (explain): _____

Not getting along with family members (explain): _____

Behavior Issues: _____

Other: _____

How did you obtain this dog?

SF SPCA Adoption Other Shelter/ Rescue: _____

Newspaper/ Internet Friend Breeder

Found Stray Gift

How was your dog raised?

With Children Single Pet With other pet(s): _____

Inside only Outside Only Both Indoor and Outdoor

Where is the dog kept at the home?

When you are at home? Inside Outside Goes in & out

When you are away from home? Inside Outside Goes in & out

How long is your dog left alone? For _____ hours

When the dog is inside he/she is:

Roaming Freely Kept in a room In a crate Other: _____

When outside, how is dog confined?

Fenced yard Fenced Dog Run (size) Electric Fence

No confinement Tethered by chain or cable Garage

When alone, how does he/she behave?

Rests Plays Paces Chews Whines Howls Digs

Tries to Escape Barks Other: _____

When alone, has the arrangement above been successful? Yes No

If no, explain: _____

Where does the dog sleep?

Inside / Where? _____ Outside / Where? _____

Housetraining Information

Is this dog housetrained? Yes No
Does this dog have accidents? Yes No Urine Feces Both

When does this dog have accidents?

Frequent accidents, even when people are home
 Only has accidents when left alone over _____ (length of time)
 Only has occasional accidents. Explain: _____

Where does your dog go to the bathroom?

Yard Walks Newspaper/Potty Pads Litterbox Other: _____

Is your dog crate-trained? Yes No

When is the dog in its crate? _____

What is the maximum amount of time the dog stays in the crate? _____

What type of crate? Wire Plastic

Does the dog have accidents in the crate? Yes No Other _____

Feeding Information

What type of food does this dog eat?

Dry Kibble Only Brand: _____
 Canned Food Only Brand: _____
 Dry & Canned
 Special Diet: _____

How often / how much does this dog eat?

1x day/Amount: _____ 2x day/Amount: _____ Free Fed/Amount: _____

Does this dog have any favorite treats? _____

Training Information

[Please check all that apply]

Which behaviors is this dog familiar with?

Sit Down Stay Come Heel Shake Other: _____

Leash walking behavior:

Pulls on leash Walks politely on leash No exposure to a leash

What training equipment is this dog used to?

Harness Gentle Leader Choke Chain Pinch/Prong Collar Other: _____

Has this dog had obedience training? Yes No

What type of training? _____

How do you discipline the dog?

Verbal correction Physical Correction Other: _____

How does he/she respond to this discipline? _____

Exercise Information

Does this dog get exercise/play time with you? Yes No
How often? Daily Few times per week Once a week Once a month Never
How long does your dog exercise? 15 min 1/2 hour 1 hour Other: _____

Where does your dog get its exercise?

Yard Only Leashed walks Dog Park Off leash play Other: _____

Does your dog play with other dogs? Yes No Resident Dog Dog Park

Does your dog like playing with dogs outside of the home? Yes No Resident Dog Only

Behavior Information

[check all that apply]

Does your dog have any behavior issues that a new adopter should be aware of?

Barking Nipping Needy Destructive Behavior Jumping on People
 Aggressive towards people outside of home Aggressive towards other dogs OFF leash ON leash
 Aggressive towards visitors to home Aggressive towards other animals: _____

Is your dog scared of?

Men Women Children Strangers Vet Groomer Riding in the Car
 Loud Noises Thunder Fireworks Bathing Brushing Nail Clipping
 Other Animals: _____ Other: _____

When walking on leash, does your dog bark at?

Dogs Cats Jogger Bicycle Motorcycle Skateboard People Other: _____

Does your dog bite or growl when you touch his food, treats, or toys?

Yes No

If yes, explain: _____

How would you characterize this dog overall?

[Check all that apply]

Calm Excitable Hyper Cuddly Confident Friendly Outgoing
 Stubborn Smart Shy Fearful Nervous Dependent Independent
 Happy Clingy Protective of family Protective of home Easy going

Veterinarian Information

Name of Veterinarian or Clinic: _____

Date of last visit: _____ Current on Vaccinations: _____

In the last 30 days has your dog had:

Coughing Sneezing Vomiting Diarrhea

In the last 30 days has your dog been to a boarding facilities or doggy day care:

Yes No

Other Information

Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.

When complete, please fax to 415-554-3069 or email to re-homing@sfspca.org.