



SIDO DOG INFORMATION FORM

Please complete a form for each dog you are enrolling in the Sido Pet Protection Program. Provide as much detail as possible. If your dog comes to us for rehoming, we want to treat him/her in the same manner that he/she is used to. This will help alleviate stress and encourage healing.

YOUR NAME: _____ DOG'S 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?

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

IS THIS DOG HOUSEBROKEN?

Easy Difficult

Easy Difficult

Yes No

Very Difficult

Very Difficult

He/She is paper trained

I haven't tried

I haven't tried

He/She has accidents

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

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

No problem taking bones, toys, food away

Plays with other dogs regularly

Cannot touch food or take bowl away

Good with dogs off-leash, bad on-leash

Cannot push or order dog off furniture

Fights a lot Fights sometimes

I haven't tried

Fights with certain dogs

Has hurt dogs in fights

Good meeting new dogs

CHECK ALL THAT APPLY

Confident

Affectionate

Digs

Shy/reserved

Walks politely on leash

Sedate/mellow

Escapes

Very active

Frightened of _____

Comes when called

Barks often

Loves fetch

IS THIS DOG CRATE TRAINED?

DOES HE/SHE LIKE CRATES?

DOES YOUR DOG JUMP FENCES OR ESCAPE?

HAS YOUR DOG HAD ANY TRAINING?

Yes No

Yes No

Yes No

Yes No

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

HISTORY

Your dog's new family would benefit from this information.

WAS YOUR DOG A RESCUE? Yes No

IF SO, FROM WHICH SHELTER/AGENCY/ETC? _____

WHAT AGE WAS YOUR DOG WHEN IT CAME TO YOU? _____

IS YOUR DOG SPAYED/NEUTERED? Yes No

DOES YOUR DOG HAVE A MEDICAL CONDITION OR SPECIAL NEEDS? Yes No

IF SO, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.

IS YOUR DOG CURRENTLY RECEIVING MEDICAL TREATMENT OR MEDICATION? Yes No

IF SO, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.

TEMPERAMENT

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

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

PLEASE TELL US ABOUT YOUR DOG'S SPECIAL QUALITIES: _____

WHAT WOULD YOU LIKE YOUR DOG'S NEXT GUARDIAN TO KNOW ABOUT YOUR DOG? _____

HOW DOES YOUR DOG INTERACT WITH:

OTHER PEOPLE? _____

STRANGERS WHO COME IN THE HOUSE? _____

HAS YOUR DOG LIVED WITH: Cats Dogs

OTHER DOGS (what kind _____) Children (ages _____)

WAS THIS SUCCESSFUL? _____

HOW DOES YOUR DOG REACT TO:

CAR RIDES? _____

VISITS TO THE VETERINARIAN? _____

Return your Information Form(s) to sido@sfspca.org or by mail to:

SF SPCA, Attn: Sido Program

201 Alabama Street, San Francisco, CA 94103

For questions, call 415.554.3029

