



DOG

Sido Information Form

Please complete a form for each dog you are enrolling in the Sido Pet Protection Program, and 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: _____ Today's Date: _____

Dog's Age: _____ Dog's Date of Birth: _____

Your dog's diet is: Canned Semi-moist Dry food Raw/homemade

Brand of food: _____

Feeding time is:

- In the morning
- In the evening
- Throughout the day

How is your dog with strangers?

- Loves all people
- Shy/fearful with most people

Does your dog bark at:

- Dogs
- Cats
- Children
- Bicycles
- Skateboard

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 your dog housebroken?

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

Can you take things away from your dog? (check all that apply)

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

Check all that apply

- Confident
- Affectionate
- Comes when called
- Escapes
- Very active
- Walks politely on-leash
- Frightened of _____
- Shy/reserved
- Sedate/mellow
- Digs
- Barks often
- Loves fetch

How is your dog with other dogs? (check all that apply)

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

Is your dog crate trained?

- Yes
 No

Does your dog like crates?

- Yes
 No

Does your dog jump fences/escape?

- Yes
 No

Has your dog had any training?

- Yes
 No

What is your dog's daily exercise? _____

How much time is your dog kept alone outside? _____ **Inside?** _____

Where does your dog sleep at night? _____

Where do you leave your dog when no one is home? _____

What do you like most about your dog? _____

Has your dog ever bitten/broken skin (drawing blood)? If yes, when? _____

HISTORY

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

What age was your dog when it came to you? _____

Was your dog a rescue?

- Yes If yes, from what shelter/agency/etc? _____
 No

Does your dog have a medical condition or special needs?*

- Yes
 No

Is your dog currently receiving medical treatment or medication?*

- Yes
 No

**(If yes, please provide details on a separate sheet of paper.)*

How does your dog interact with:

Other people: _____

Strangers who come in the house? _____

Has your dog lived with:

- Cats
 Dogs
 Other pets (what kind) _____
 Children (ages) _____

How does your dog react to:

Car rides?: _____

Visits to the veterinarian?: _____

Was this living situation successful? Yes No

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? _____

ADDITIONAL INFORMATION
