

Pet Guardianship Program: DOG BIOGRAPHY

No one knows and loves your dog the way you do. As a member of our Pet Guardianship Program, your pet is a priority to us, and we commit to you that we will do our best to find the ideal home for them if/when they come into our care.



YOUR CONTACT INFORMATION

Your Name: _____ Email: _____
Address: _____ Day Phone: _____
City/State/Zip: _____ Evening Phone: _____
Today's Date: _____ Other Phone: _____

DESCRIPTION OF YOUR DOG and BASIC HISTORY

Dog's Name: _____ Age: _____ Sex: Male Female Altered: Yes No

Breed: _____ Does your dog have a microchip? Yes No Chip #: _____

Color: _____

Was your dog adopted from Humane Society Silicon Valley? Yes No

Would you recommend placing this dog in a home with **children**? Yes No

Would you recommend placing this dog in a home with **other dogs**? Yes No

Would you recommend placing this dog in a home with **cats**? Yes No

Where was your dog kept when no human members of your family were at home (*check all that apply*):

- Free run of home Crated Confined to one room in home
 In garage In fenced yard Tied outside on chain or runner

Other (please explain): _____

Is your dog housetrained?

- Yes, never eliminates inside the home Yes, but occasionally urinates inside Yes, but occasionally defecates inside
 No, regularly eliminates inside Used to be housetrained, not now Dog was never inside the home

Is your dog crate trained?

- Yes No Tried, but dog didn't like crate Tried, but dog escaped crate

If yes, how long does your dog spend in the crate each day? _____

Is your dog destructive when left alone (*If yes, check all that apply*)?

Yes No

- Chews woodwork/walls Chews furniture Chews/eats other inappropriate ob:
 Chews on windows/doors Chews clothing/shoes Is not left alone inside the home
 Digs or destroys yard Other (please explain): _____

Please tell us about the **desirable** tricks and habits you have taught your dog to do (*check all that apply*):

- | | | |
|--|--|--|
| <input type="checkbox"/> Basic obedience commands | <input type="checkbox"/> Come when called | <input type="checkbox"/> Play fetch |
| <input type="checkbox"/> Walk on a loose leash | <input type="checkbox"/> Greet visitors politely | <input type="checkbox"/> Wait for food |
| <input type="checkbox"/> Shake or similar cute trick | <input type="checkbox"/> Take treats gently | <input type="checkbox"/> Get on & off furniture when asked |
| <input type="checkbox"/> Ride nicely in car | <input type="checkbox"/> Other: _____ | |

What are your dog's favorite kinds of toys (*check all that apply*)?

- | | |
|--|--|
| <input type="checkbox"/> Tennis balls / rubber balls | <input type="checkbox"/> Rope toys |
| <input type="checkbox"/> Plush / stuffed toys | <input type="checkbox"/> Frisbee |
| <input type="checkbox"/> Squeaky toys | <input type="checkbox"/> Children's toys |

Is your dog protective or possessive of any of the following (*check all that apply*)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Of food (toward people) | <input type="checkbox"/> Of toys (toward people) | <input type="checkbox"/> Of his/her body |
| <input type="checkbox"/> Of food (only with other animals) | <input type="checkbox"/> Of toys (only with other animals) | <input type="checkbox"/> Of property; good guard dog |
| <input type="checkbox"/> Of owner/family | <input type="checkbox"/> Of bed, crate, or space | <input type="checkbox"/> Dog is not protective/possessive |
| <input type="checkbox"/> Other: _____ | | |

Name and location of your dog's veterinarian:

Has your dog ever been diagnosed or treated for any of the following by a veterinarian (*check all that apply*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Heartworm disease | <input type="checkbox"/> Parvovirus | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Allergies | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Arthritis or hip dysplasia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Separation Anxiety |
| <input type="checkbox"/> Chronic ear/eye infections | <input type="checkbox"/> Tumors | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Broken bone(s) | <input type="checkbox"/> Mange or other skin problems | <input type="checkbox"/> None, my dog has always been |

Other illness / condition: _____

Does your dog require any medication on a regular basis? _____

What else should we know about your dog so we may find it the *best* home? _____

I confirm that I have named Humane Society Silicon Valley in my will or trust, and/or as a beneficiary of my IRA, 401K, life insurance policy, donor advised fund, or other account.

Signature:

Date:

Please make a copy of this form for yourself, and mail the original, with a copy of the page from your will/trust where Humane Society Silicon Valley is named as a beneficiary, to:

Humane Society Silicon Valley

Attn: Bridget Keenan
901 Ames Ave.
Milpitas, CA 95035

Please remember to:

- Keep your own copy of this profile with your will or trust.
- Identify two friends or family members as individuals who know that they are entrusted to deliver your pet(s) to HSSV in case of emergency.
- Notify HSSV if your pet passed away, their health changed, or if you have added new pets to your home.