

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 objects |
| ☐ 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*):

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

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

- | | |
|--|--|
| ☐ Tennis balls / rubber balls | ☐ Rope toys |
| ☐ Plush / stuffed toys | ☐ Frisbee |
| ☐ Squeaky toys | ☐ Children's toys |

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

- | | | |
|--|--|---|
| ☐ Of food (toward people) | ☐ Of toys (toward people) | ☐ Of his/her body |
| ☐ Of food (only with other animals) | ☐ Of toys (only with other animals) | ☐ Of property; good guard dog |
| ☐ Of owner/family | ☐ Of bed, crate, or space | ☐ Dog is not protective/possessive |
| ☐ 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*):

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

☐ 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: Lauren Conder

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.