



DOG BIOGRAPHY FORM

PLEASE COMPLETE ONE FORM FOR EACH DOG BEING ENROLLED IN BEAUREGARD'S PROGRAM.

Name: _____

Address: _____

City, State, ZIP: _____

Cell phone number: _____ Home phone number: _____

Email address: _____

Dog's name: _____ Dog's age: _____ Gender of dog: Male Female

Microchip brand and number (if applicable): _____

Was your dog adopted from the Richmond SPCA? Yes No

If YES,

If NO,

What was the date of adoption? _____ Is your pet spayed or neutered? Yes No

Dog's name at time of adoption: _____ How long has this dog been in your care? _____

Where did you get your pet? _____

When was your dog last at a veterinarian? _____

Please list any major medical concerns that we should know about: _____

How does your dog respond to visitors/strangers? _____

Is he/she good with children? Yes No Don't know What ages? _____

Is he/she good with dogs? Yes No Don't know Is he/she good with cats? Yes No Don't know

If no, please describe: _____

Please describe your dog's personality: _____



Is your dog house-broken? Yes No Don't know

How often and when does your dog make a bathroom mistake in the house? _____

What is his or her cue to go outside? _____

Where does the dog spend the day when left home alone? Inside Outside If inside, is he/she confined in a crate or room? _____

If outside, how is your dog confined to your property? Not confined Fence Cable runner Pen Chain

If fenced, how tall is the fence? _____ Does your dog ever try to escape? Yes No

If yes, how and when? _____

Where does your dog spend his/her time when you are home? _____

Can he/she be left alone inside without incident? Yes No If no, has your dog ever been inside? Yes No

Please explain any destructive incidents: _____

Has your dog been through any obedience training? If so, to what extent? _____

List 4 places your dog has been besides your home (ex: park, vets, etc.): _____

Please tell us about any special toy or food preference that your dog has: _____

Owner signature: _____ Date: _____

To enroll your pet in Beauregard's Program, please enclose this form along with the following:

- Your pet's veterinary records and medical history
- A copy of the section of your will that states that your pet(s) are to come to the Richmond SPCA to be cared for and placed in a new home should they survive you
- The name and contact information of the person designated to care for your pet(s) immediately following your passing should your pet(s) survive you and who will be responsible for bringing your pet(s) to the Richmond SPCA. Please note that we will need this person to call ahead to 804-521-1321 to assure that we reserve space in our center for the care of your pet(s).

Return completed forms and attachments to Carol Anne Baker Lajoie:

Email: clajoie@richmondspca.org

Mail: ATTN: Carol Anne Baker Lajoie, Richmond SPCA
2519 Hermitage Road
Richmond, VA 23220

Forms may also be sent via fax to 804-521-0540 or hand delivered to our front desk. Please be sure to clearly indicate that the document is for Carol Anne Baker Lajoie to ensure that it is received.

