**Canine Resolution Intake Form**

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| --- | --- |
| Dog’s gender:  | [ ]  Female [ ]  Male  |
| Dog’s age: |  Choose an item. Years / Choose an item. Months |
|  | [ ]  Spayed [ ]  Neutered [ ]  Don’t know |
| If so, how old was dog when being altered? | Choose an item. Years / Choose an item. Months |
| Where did you acquire the dog? | [ ]  Breeder [ ]  Shelter/Rescue [ ]  Elsewhere |
| Is your dog currently on any medications? | [ ]  Yes [ ]  No  |
| If yes, please list all medications: | Click here to enter text. |
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| On average, how many minutes a day do you exercise your dog? |  Choose an item. minutes per day  |
| Please describe your dog’s behavior problem: | Click here to enter text. |
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| When did this problem become a concern?  | Click here to enter text. |
|  |
| What have you so far done to correct the problem? | Click here to enter text. |
|  |
| What are your goals for training? | Click here to enter text. |
|  |
| What do you feed your dog? | Click here to enter text. |
|  |
| Do you leave food out 24 hours a day or are specific meal times in place? | Click here to enter text. |
|  |
| Where does your dog sleep at night? | Choose an item. |
| Are there other animals in the home? | [ ]  Yes [ ]  No  |
| If yes, please describe species, gender and age: | Click here to enter text. |
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|  |
| How is your dog contained outside?  | Click here to enter text. |
|  |
| Do you have a fenced-in yard?  | [ ]  Yes [ ]  No  |