**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. |
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| Do you have a fenced-in yard? | Yes  No |