

CANINE INTAKE FORM

The information you provide helps us find the best possible placement for your dog.

Impound Number: A533065 Date: 5/1/20
 Dog's Name: BRANDY Dog's Sex: Female Is your dog spayed or neutered? Yes No Unsure
 Dog's Age: 3 Primary Breed: _____ Secondary Breed: _____
 Why are you turning in your dog? Aggressive & won't contact

How long have you had your dog? less than 6 months 6 months to 1 year 1-5 year More than 5 years
 Where did you acquire your dog from? Pet Store Online Took in as a stray Shelter/Rescue: Contract
 Private Breeder: _____ Other: _____
 Has your dog lived or been around any of the following animal? If yes, how did he/she react? (check all that apply)
 Big dogs Small dogs Cats Other: _____

How much time (%) dogs your dog spend Indoors: 8 Outdoors: 22 ~~14~~ 16
 Is your dog housebroken? Yes No Partially
 Crate-trained? Yes No If yes, how many hours is your dog usually crated for? _____
 When home alone, where is your dog kept and for how many hours? OUT DOORS
 Please describe your yard: Fully fenced Height: 6ft Partially fenced No fence Tethered
 Has your dog interacted with children? Yes, lives with kids ages: _____ Visits with kids ages: _____ No
 If your dog has been around children, how did he/she behave: Playful Tolerant Avoids Hides
 Nervous but warms up Chases Growls Lunges at Snarls Tries to bite
 Is your dog good in the car? Yes No Unknown
 How is your dog on a leash/harness: Walks politely Pulls slightly Pulls hard Never been on a leash
 Does your dog bark or lunge at anything when on a leash? If so, explain: NO

Does your dog know any cues or tricks? NO
 Does your dog try to escape? Often Sometimes Never
 If yes, which methods of escape does your dog use? Digging Jumping Climbing Door Dashing
 Is your dog destructive? Yes No If yes, please describe: Rips paps tears

What best describes your dog's energy level? High energy Medium energy Low energy
 How do you exercise your dog? He won't follow

What is your dog's favorite activity?

Running Away ~~from~~ me.

What is your dog's favorite toy?

Rope

What kind of food do you feed your dog? Wet Dry Both What brand(s):

Has your dog ever bitten or tried to bite any of the following:

Adult Child Family Member Mail or Delivery carrier Stranger Another dog/animal

Please provide as much detail as possible about any bites or attempts to bite, including what happened before, during, and after the incident. If there has been more than one incident, please describe the three most recent below:

Please tell us your favorite thing about your dog:

Nothing

Is there any additional information you would like to share about your dog:

NO