

Lee Mannix Center for Canine Behavior

512-371-DOGS * www.lmccb.com

OFFICE USE ONLY

Added to Database? YES
Evaluator Name _____
Trainer _____

DATE: _____

BITE: y/n dog/human 1 2 3 4 5

Family Information:

_____ Name	_____ Profession	_____ Spouse/Partner	_____ Profession
_____ Address		_____ Children (or other occupants of house)	
_____ City, State, Zip		_____ Age	_____ Age
_____ Home Phone	_____	_____ Age	_____
_____ Work Phone	_____	_____ E-mail	_____
_____ Cellular	_____	How did you hear about us? _____	

Pet Information:

_____ Name	_____ Breed/ Color	_____ Age	_____ Male / Female	_____ Age Obtained	_____ Spayed/ Neutered	_____ At what age
_____ Veterinarian	_____ Doctor's Name		_____ Office Phone			
_____ Medications and/or medical problems						

Other Dogs in Home:

_____ Name	_____ Breed/ Color	_____ Age	_____ Male / Female	_____ Age Obtained	_____ Spayed/ Neutered	_____ At what age
_____ Name	_____ Breed/ Color	_____ Age	_____ Male / Female	_____ Age Obtained	_____ Spayed/ Neutered	_____ At what age
_____ Name	_____ Breed/ Color	_____ Age	_____ Male / Female	_____ Age Obtained	_____ Spayed/ Neutered	_____ At what age

Reason for visit: _____

Office Use: Goals Set by Owner and Lee: _____ _____ _____	
Blood Work: _____	Urine Test: _____

History:

Where did you get your dog? _____

Why did you get a dog? _____

Are there any other problems in the home? _____

Where does your dog sleep? _____

What brand of dog food do you feed? _____ How often? _____

Where is the dog food kept? _____

Is your dog crate trained? Yes/No How does he/she feel about the crate? (Circle one)

Love Hate Tolerate Destroy

Where's the crate kept? _____ Does he/she show aggression around the crate? Y/N

How much time does he/she spend alone each day? _____

Where is he/she kept when you're not at home? _____

Has your dog ever urinated on you or other members of your immediate family? Y/N

Has your dog ever growled at you or other members of your immediate family? Y/N

Has your dog ever snapped at or bitten you or other members of your immediate family? Y/N

What games does he/she like? _____ How long does he/she play? _____

What toys does he/she like? _____

Where are they kept? _____

What treats does your dog like? _____

Does your dog prefer? Men/Women Male Dogs/Female Dogs
(circle only if they apply)

Does your dog dislike certain people or dogs? Y/N Who? _____

What situations does your dog dislike? _____

Does your dog have any fears or sensitivities? _____

How does your dog respond to grooming? _____

How do you correct or respond to misbehavior? _____

To what degree? _____

Have you ever or do you currently use the alpha roll? Y/N