

Puppy Sitting Report

In case of an emergency, call a leader.

Tasha Laubly (530)867-5588 Ted Curley (530)304-2802 Jan Blumenfeld (530)219-0084

GDB emergency number is: 1-800-295-4050

Puppy Sitter's Name: _____

Date of Occurrence: From: _____ To: _____ Delivery Time: _____ Pickup Time: _____

Puppy's name: _____ GD Tag #: _____ Birth Date: _____ Age: _____

Raiser Contact Information:

Raiser Name: _____ Raiser's Cell Phone: _____

Raiser's Address: _____

Raiser Email: _____ Alternate Phone Number: _____

GDB Puppy's Vet Clinic Information: (NOTE: Call a leader in case of emergency or if a female comes into season.)

Name of Vet Clinic: _____ Name of Vet: _____

Address for Vet Clinic: _____

Vet Clinic Telephone Number: _____

Medical Requirements During Stay:

Shots needed during stay with sitter: No Yes, if yes fill in below

Shot Type: _____ Date Due: _____ Date Scheduled: _____

Appointment Time: _____ AM/PM Location: _____

Current Vaccinations

Last DA2PP vaccination date: _____ Rabies vaccination date: _____

Prescribed Medicine with Instructions (Complete if your puppy is currently on medication):

Medicine Name: _____

Dosage: _____ Times medicine needs to be given: _____

Reason for medication: _____

Date when medicine started: _____ Date when medicine should be finished: _____

Feeding Instructions:

Number of cups per meal: _____ Number of feedings per day: _____

Feeding Times: Morning _____ Midday _____ Evening _____

Food Type: Purina Pro Plan Large Breed Puppy or Adult Other brand _____

*Hint: Using ziplock bags to pre-package each meal is helpful. Remember to send extra meals just in case they are needed.

Special feeding/watering instructions: _____

Food Protocol: Yes No Instructions: _____

Puppy's Name: _____ **Date of sitting from** _____ **to** _____

Puppy Behavior: (Discuss these topics)

- **Freedom:** length of time and space (remember puppies are always supervised)
- **Sleeping:** (Normal routine is....) *It is recommended that puppy sleeps in crate in sitter's bedroom during stay.
 Crate Tie-down Free in the bedroom

• **Relieving:**

Is your puppy house trained? Yes No

What is your puppy's signs/clues when he/she needs to relieve? _____

Are you having any problems with your puppy relieving on different surfaces? No Yes

If yes, on what kind of surface is a challenge? _____

Relieving Schedule:

Behavior in the house:

Barks Yes No

Jumps on furniture Yes No

Steals food Yes No

Chewing Yes No

Plays Keep away Yes No

Must be crated when home alone Yes No

Raids trash cans Yes No

Must be kept on dragline Yes No

Other: _____

Behavior in the yard:

Filth eater Yes No

Digging Yes No

Garbage mouth Yes No

Chewing Yes No

Keep on leash at all times Yes No

Other: _____

**Can puppy get out of a swimming pool? Yes No

On Outings:

Always use Headcollar

Distracted by: _____

Afraid of: _____

Other: _____

*****Please Note: A puppy should not be left in the backyard without supervision. If home has unfenced pool, puppy should always be on dragline in the backyard.**

Social Outings appropriate for my puppy:

15-20 minutes in-and-out (bank, post office)

2+ hours quiet (on tie-down at office type work)

1-2 hour quiet (restaurant, church, library)

2+ hours active (on tie-down at busy work site, school/ store)

1-2 hour active (grocery shopping, mall shopping, concert)

Puppy can handle most outings

Frequency and Duration of Daily Walk(s):

Puppy's Challenging Behaviors and Suggestions for dealing with Challenging Behaviors: (Discuss in detail)

Commands puppy knows: Sit Stand Down Stay Wait Okay Kennel
 Come (off leash recall in enclosed areas only) Let's go That's enough Go to bed

Puppy's Name:

Date of sitting from

to

Puppy's Name:	Age:	Sitter's Name:			Date:
TRAINED BEHAVIORS & CUED RESPONSES	I	A	LD	NA	Comments:
audible marker response					
food reward acceptance					
enjoyment (valued) secondary reinforcement					
environmental food and debris avoidance					
"sit"					
"stand"					
"down"					
"stay"					
"wait"					
"come" (off leash recall in an enclosed area only)					
"go to bed"					
"let's go" (loose leash walking behavior)					
"okay" (releases a previously cued behavior)					
"kennel"					
"that's enough" (cue to stop allowable behavior)					
LIFE MANAGEMENT SKILLS					
public settling behavior (on leash)					
home settling behavior (off leash with dragline)					
tether behavior (fixed objects & ground tether)					
vehicle riding					
off leash household demeanor					
in home play behavior					
unsupervised behavior at home					
resource sharing (sharing toys with other dogs)					
home greeting behaviors					
relieving "do your business"					
HUSBANDRY					
grooming/examination (puppy handling)					
nail clipping/ear, eye, teeth cleaning/pilling					
bathing					
equipment acceptance					
ENVIRONMENTAL SKILLS					
distractions (e.g. dogs, people, food)					
greetings (people in public)					
greetings (dogs in public)					
traffic					
noise					
objects					
surfaces (i.e. slick floors, stairs, grates, etc.)					
people					
animals (other than dogs)					
odors					

