

Guide Dogs for the Blind Puppy Raiser Monthly Progress Report

Puppy Name _____
 ID# _____
 Breed _____
 Whelp date _____
 Age _____ Male Female

Raiser Name _____
 Leader Name _____
 Club Name _____
 County, State _____
 Raiser phone # () _____

Dog food brand and type: _____ Number of 8 oz. cups per meal: _____ Meals per day: _____

Body Score: _____ For female puppies: first day season was noticed (if applicable): ____/____/____

Vaccination(s) this month: type _____ date _____ type _____ date _____ type _____ date _____

Has your puppy been spayed or neutered? Yes No Date: ____/____/____

Are you using flea control? Yes No If other than Advantage/Frontline, please specify _____

Are you giving heartworm medication? Yes No If other than Heartgard, please specify _____

Do you have any concerns about your puppy's health? Yes No

Has your puppy been seen or treated for a medical problem? Yes No

If any health concerns or treatment, please list reason and any medication prescribed: _____

Please circle how your puppy is performing each of the following commands based on the scale below:

0=not introduced 1=will not do 2=does occasionally 3=does half the time 4=does most of the time 5=does all the time

Responds to name: 0 1 2 3 4 5 Sit: 0 1 2 3 4 5 Down: 0 1 2 3 4 5 Stand: 0 1 2 3 4 5

Let's go: 0 1 2 3 4 5 Stay: 0 1 2 3 4 5 Okay: 0 1 2 3 4 5 Wait: 0 1 2 3 4 5

That's enough: 0 1 2 3 4 5 Kennel: 0 1 2 3 4 5 Come on leash: 0 1 2 3 4 5

Come off leash (only in an enclosed area): 0 1 2 3 4 5 Go to Bed: 0 1 2 3 4 5

My puppy will relieve on leash: on command (Do Your Business) Yes No; on hard surfaces Yes

No; accidents indoors Yes No; on walks without my permission Yes No

Primary collar you are using: Flat Training Gentle Leader Other _____

of puppy handling sessions per day: _____ # of training lessons per week _____

Is your puppy relaxed/comfortable with puppy handling/layover with you? Yes No; with other handlers? Yes No

Average number of socialization outings per week _____

List the places, meetings and outings where your puppy was socialized each week:

| Week One | Week Two | Week Three | Week Four |
|----------|----------|------------|-----------|
| 1 _____ | 1 _____ | 1 _____ | 1 _____ |
| 2 _____ | 2 _____ | 2 _____ | 2 _____ |
| 3 _____ | 3 _____ | 3 _____ | 3 _____ |
| 4 _____ | 4 _____ | 4 _____ | 4 _____ |
| 5 _____ | 5 _____ | 5 _____ | 5 _____ |

Puppy Name: _____ ID #: _____ Date: _____

Did your puppy participate in puppy sitting or trading this month? Yes No

CONCERNS – Please check appropriate box for concerns

Behaviors

- Balking
- Barking/Whining
- Car-sickness
- Charging out of doors
- Destructive chewing
- Digging
- Drooling
- Excessive sniffing
- Filth eater
- Food obsession/Foraging
- Food protective
- Garbage mouth
- Jumping on furniture
- Jumping on people
- Keep Away
- Licking/Chewing on self
- Mounting objects
- Mounting people
- Mouthing/Grabbing
- Poor crate behavior
- Poor kennel behavior
- Poor tie-down behavior
- Pulling/Lunging on leash
- Relieves indoors
- Relieves on outings
- Separation anxiety
- Stealing
- Takes food rewards roughly
- Toy/Ball obsession
- Other _____

Object Reactions

- Objects in motion
- Stationary objects
- Strange/Unusual objects

Noise Reactions

- Fireworks
- Loud noises
- Thunderstorms
- Other _____

Dog Reactions

- Dog distracted
- Fearful
- Fence fighting
- Growling/Barking
- Hackling
- Posturing
- Rough play
- Submissive

Other Animal Reaction

Type _____

Traffic Reactions

Type _____

Surface Reactions

- Grates
- Slick Floors
- Stairs
- Other _____

Physical Sensitivity to:

- Headcollar
- Puppy Jacket

People Reactions

- Fearful
- Growling/Barking
- Hackling
- Keying
- Mouthing
- Nipping/Biting
- Posturing
- Submissive
- Solicitous

Odor Reactions

Type _____

Describe any concerns checked: _____

Raiser Comments/List an accomplishment or improvement seen in your puppy this month:

Leader Comments: _____

_____ **Follow-up by CFR Requested:** Yes No

Thank you for completing this form fully and accurately. We need your feedback to evaluate our dogs & programs.
Please use added sheets for additional comments as necessary.