PLEASE TYPE OR PRINT CLEARLY

Date_____

Guide Dogs for the Blind, Inc.
Puppy Raiser Monthly Progress Report

Puppy Name _____
Tattoo # _____
Breed _____
Date of birth _____
Age_____ ❑ Male ❑ Female

Raiser Name _____
Leader Name_____
Club / Project Name_____
County, State_____
Raiser phone # ( )_____

CARE

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

Females in season only: board date in ___/___/___ date out ___/___/___

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

Please describe any concerns:_____

Has your puppy been seen or treated for a medical problem? ❑ Yes ❑ No If yes, please list reason an

any medication prescribed:_____

HANDLING AND TRAINING

Type of collar you are using: ❑ Flat ❑ Training ❑ Head collar ❑ Other _____
# of puppy handling sessions per day: _____ # of training lessons per week _____
Please rate on the following scale how your puppy is doing each of the following commands :
0=not introduced 1=will not do 2=does occasionally 3=does ½ the time 4=does most of the time 5=does all the time
Responds to name _____ Sit _____ Down ____ Stand ____ Let's go____ Stay____ Okay___ Wait ___
That's enough____ Kennel___ Come on leash___ Come off leash (only in an enclosed area) ___

My puppy will relieve: on command (Do Your Business) ❑ Yes ❑ No; on any surface ❑ Yes ❑ No; indoo
❑ Yes ❑ No; on walks without my permission ❑ Yes ❑ No

SOCIALIZATION

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_____

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

Puppy Name:_____ Tattoo #:_____ Date:_____

CONCERNS – Please check appropriate box for concerns

Physical/Health Issues
- ❑ Weight
- ❑ Appetite
- ❑ Eyes
- ❑ Ears
- ❑ Limping/Abnormal movement
- ❑ Skin/Coat
- ❑ Fleas/Ticks
- ❑ Dentition concerns
- ❑ Chronic drooling
- ❑ Frequent relieving
- ❑ Vomiting
- ❑ Diarrhea
- ❑ Coughing/Sneezing
- ❑ Itching
- ❑ Internal parasites
- ❑ Other _____
- ❑ On medication _____

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

Odor Reaction
Type _____

Object Reactions
- ❑ Stationary objects
- ❑ Objects in motion
- ❑ Strange/Unusual objects

Noise Reactions
- ❑ Thunderstorms
- ❑ Fireworks
- ❑ Loud noises
- ❑ Other _____

Traffic Reactions
Type _____

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

Other Animal Reaction
Type _____

Surface Reactions
- ❑ Grates
- ❑ Slick Floors
- ❑ Stairs
- ❑ Other _____

Behaviors
- ❑ Relieves indoors
- ❑ Relieves on outings
- ❑ Licking/Chewing on self
- ❑ Car-sickness
- ❑ Barking/Whining
- ❑ Destructive chewing
- ❑ Digging
- ❑ Toy/Ball obsession
- ❑ Food protective
- ❑ Food obsession/Foraging
- ❑ Garbage mouth
- ❑ Filth eater
- ❑ Poor kennel behavior
- ❑ Poor crate behavior
- ❑ Poor tie down behavior
- ❑ Excessive sniffing
- ❑ Mouthing/Grabbing
- ❑ Jumping on people
- ❑ Jumping on furniture
- ❑ Mounting people
- ❑ Mounting objects
- ❑ Chasing cars
- ❑ Charging out doors
- ❑ Pulling/Lunging on leash
- ❑ Poor obedience
- ❑ Separation anxiety

Other _____

Please describe any concerns checked above: _____

Please list an accomplishment or improvement seen in your puppy this month: _____

Raiser Comments: _____

Leader Comments: _____

Follow-up by Advisor Requested: ❑ Yes ❑ No

Advisor Comments: _____

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