

*******PUPPY SITTING/BOARDING FORM*******

Please attach Medical Invoice Form to this form
Auburn Foothills Guiding Eyes, Guide Dogs for the Blind

Dates: _____ Reason for Boarding: _____
Puppy's Name: _____ ID# _____ Age this date: _____
Raiser's Name: _____ Training Group: Auburn Foothills Guiding Eyes
Home phone: _____ Emergency phone: _____
Veterinarian's Name: _____ Veterinarian's Phone: _____
Feeding Schedule: _____ Food Brand: _____
Medication schedule (if applicable): _____
Usual Relieving Schedule: _____
Name of Puppy Sitter: _____ Phone: _____
Relationship to Raiser: _____

Appetite: Excellent Good Poor Refused for Days

Activity Level: Overly Active Normally Active Calm Seemed depressed

Attitude: (in kennel run or w/other dogs) Friendly Reserved Noisy Timid
 Aggressive

Exposures during sitting period: (To be filled out by puppy sitter)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Please describe briefly any experience, behavior, or events of a remarkable or unusual nature that were observed by you while the dog was in your care:

Signature of Puppy Sitter: _____ Date: _____