

**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 and 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 1/2 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; indoor 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