

Guide Dogs for the Blind San Diego Puppy Raisers

Puppy Sitting Form

Page 1 - 3 – completed by puppy raiser & discussed at drop off with puppy sitter

Page 4 - 6 – completed by puppy sitter. Please provide as much detail as possible; this is a chance for the raiser and leader to understand how the puppy reacts in a different environment. BE HONEST!

If you have an issue while puppy sitting, call your club leader

Puppy's Name: _____ Puppy's DOB: _____ Puppy's GDB ID# _____

Sex: M F Neutered/Spayed? Yes No

Date of drop off: _____ Date of pickup: _____

Raiser's Name: _____

Phone number Raiser can be reached at: _____

Emergency Contact Name & Number: Sharon Buetow (425) 478-7198

Puppy sitter's name: _____

Puppy's Vet Info: Name: _____

Address: _____

Phone: _____

Feeding Info:

Brand of Food: _____

Meal	Time	Amount
Morning	_____	_____
Midday	_____	_____
Evening	_____	_____

Special Instructions for meals (example: float, restrict water, etc.)

Medication information:

Relieving:

How often: _____

Will pup acknowledge need? _____

If Yes, How? _____

Surfaces: _____

Special relieving instructions: _____

Sleeping (circle one):

Crated Where: _____

Roams (Not Crated) Where: _____

Routine: _____

Outings: Please list any restrictions for your puppy, both time restrictions and types of places.

Puppy Commands:

<u>Command</u>	<u>Will do</u>	<u>With Help</u>	<u>Will not do</u>
Sit	_____	_____	_____
Down	_____	_____	_____
Come	_____	_____	_____
Wait	_____	_____	_____
Go to bed	_____	_____	_____
Kennel	_____	_____	_____
Do your business	_____	_____	_____
OK	_____	_____	_____
Let's go	_____	_____	_____

Does your puppy know his/her commands off leash (fenced yard) ? Yes No

Distracted by: _____

Afraid of: _____

Items brought with puppy (checklist):

- | | | |
|---------------------|-----------------------------|--------------------|
| _____ puppy jacket | _____ bowls | _____ tie down |
| _____ gentle leader | _____ medication | _____ kennel |
| _____ leash | _____ brush/grooming | _____ x-pen |
| _____ food | _____ toothpaste/toothbrush | _____ clean-up kit |
| _____ bed/blanket | _____ Bait bag | _____ drag line |

_____ Toys, List _____

_____ Other, List _____

Behavior

In the House/Yard:

- Barking/Whining __Yes __No
- House trained __Yes __No
- Jumps on furniture __Yes __No
- Jumps on people __Yes __No
- Steals food __Yes __No
- Counter surfing __Yes __No
- Destructive chewing __Yes __No
- Keep away __Yes __No
- Raids trash cans __Yes __No

- Separation anxiety __Yes __No
- Must be crated __Yes __No
- Drag line needed __Yes __No

In the Yard:

- Filth eater __Yes __No
- Digging __Yes __No
- Garbage mouth __Yes __No
- Chewing __Yes __No
- Keep on leash __Yes __No

On Outings:

- Solicitous __Yes __No
- Dog Distracted __Yes __No

Challenging Behaviors, and other important information for puppy sitter:

****This page is to be filled out by the puppy sitter****

Puppy Sitter _____

Puppy Name _____

Behavior displayed during puppy sitting:

Barking/Whining __Yes __No

House trained __Yes __No

Jumps on furniture __Yes __No

Jumps on people __Yes __No

Steals food __Yes __No

Counter surfing __Yes __No

Destructive chewing __Yes __No

Keep away __Yes __No

Raids trash cans __Yes __No

Separation anxiety __Yes __No

Must be crated __Yes __No

Drag line needed __Yes __No

Filth eater __Yes __No

Digging __Yes __No

Garbage mouth __Yes __No

Chewing __Yes __No

Keep on leash __Yes __No

On Outings:

Solicitous __Yes __No

Dog Distracted __Yes __No

Describe, in detail, any issues checked above:

List all outings: (use additional pages if needed)

Day 1 _____

Day 2 _____

Day 3 _____

Day 4 _____

Day 4 _____

Day 5 _____

Day 6 _____

Day 7 _____

Day 8 _____

Please rate the puppy's behavior on following commands based on the following scale:

0 – not used **1** - No Response **2** – Occasionally **3** – Half the time

4 – Most of the Time **5** – All of the Time

“Do your Business”: _____ “Wait”: _____ “Let’s Go” _____

“Sit”: _____ “Come (on leash): _____ “OK”: _____

“Down”: _____ “Come” (off leash): _____ “Go to Bed”: _____

House Behavior Comments (vocalizations, greeting people, confinement, other pets in the home):

Ease of Handling Comments (walking, equipment acceptance, body handling):

Relieving Comments (surfaces, on command, any accidents):

Distraction Comments (dogs, people, objects, noises):

Please explain the distraction, the puppy's reaction and how quickly the puppy recovered

Confidence (dogs, people, objects, noises, etc.):

Please note exemplary behavior in difficult situations AND any fearful reactions, including how quickly the puppy recovered

Surfaces Comments (grates, wet, stairs, etc.):
