

"PUPPY GOES TO SITTER"

David Org Puper Hall

(This is the puppy's report card while at the sitter home) GDB emergency number is: 1-800-295-4050

Directions:

| 1) Raiser completes pages 1 and 2, then gives entire packet to the sitter along with blank page 3 of form. | |
|--|----|
| 2) Sitter completes page 3 of form before returning puppy to raiser. Sitter gives back entire packet "Puppy Goes to Sitter" to raiser wh | en |
| | |

sitting service is completed.

3) **<u>RAISER</u>**: turns in completed "Puppy Goes to Sitter" form (all pages) at next scheduled meeting after the sitting service is complete.

| Puppy Information: | Date of Si | tting Occurrence: From _ | То: | | | | |
|---|-----------------------------------|---------------------------------|---|--|--|--|--|
| Puppy Name: | Age: | Tattoo: | Leader: | | | | |
| Raiser Telephone: | | _ Cell Phone Number: | ber: | | | | |
| GDB Puppies Vet Clinic Inf | formation: (NOTE | : Call a Leader in case of emer | rgency or if a female comes into season.) | | | | |
| Name of Vet Clinic/Office: | | Name of V | /et: | | | | |
| | | | | | | | |
| | | Office Hours: | | | | | |
| <i>Feeding Instructions</i> : Number of cups per meal | Number of fe | edings per day | | | | | |
| Feeding Times: Morning | Midday | Evening | | | | | |
| Special feeding/watering instruction Medical Requirements During Shots Needed during stay with sitter Shot Type: | <i>ng Stay:</i> er: □No □Yes | , if yes fill in below | Date Scheduled: | | | | |
| Appointment: Time: Al | M/PM Location: | | Doctor Name: | | | | |
| Prescribed Medicine with In Medicine Name: | | | | | | | |
| | Times medicine needs to be given: | | | | | | |
| Reason for medication: | | Date when medi | ication was started: | | | | |
| Date when medication should be fi | inished: | | | | | | |
| *Has your puppy been on any m | edications within t | he last 2 weeks. If so fo | r what reason: | | | | |
| Name of medication | | and date | when was medication finished. | | | | |
| <i>Puppy Behavior:</i> (discuss these <u>Freedom:</u> length of time a | | r puppies are always suj | pervised) | | | | |

- <u>Sleeping</u>: (Normal routine is...)
 - \Box Crate?
 - □ "Tie-down"?
 - $\Box \quad Free in the room?$

Puppy's Name: _____ Date of Sitting Occurrence: From _____

Puppy Behavior continues: (discuss these topics)

- Relieving:
 - Is your puppy house trained? \Box Yes \Box No

What is your puppy's signs/clues when he/she needs to relieve?

Are you having any problems with your puppy relieving on different surfaces? \Box No \Box Yes If yes, on what kind of surface is a challenge?

| Behavior in the house: | | | Behavior in the yard: | | <u>On Outings</u> : |
|--|---|--|---|---|---|
| Barking House trained Jumps on furniture Steals food Chewing Plays Keep away Must be crated when home Raids trash cans Must be kept on long line Other: | Yes Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No No No No No | Filth eater Digging Garbage mouth Chewing Keep on leash at all times Other: Can puppy get out of a swin | YesNo YesNo YesNo YesNo YesNo | Always Use Headgear <u>if provided</u> Distracted by: Afraid of: Other: |

***Please Note: A puppy should not be left in the backyard without supervision. If home has unfenced pool, puppy should always be on leash in the backyard.

Social Outings:

Outings appropriate for my puppy:

- 15-20 minutes in-and-out only (bank, post office)

- ____2+ hour quiet (on tiedown at office type work)
- 1-2 hour quiet (restaurant, church, library)
 1-2 hour active (grocery shopping, mall shopping, concert)
 2+ hour active (on tiedown at busy work site school/ store)
 Pup can handle most outings

Puppy's Challenging Behaviors: (Discuss in detail)

Suggestions for dealing with Challenging Behaviors: (Discuss in detail)

Checklist of necessary items:

- □ Vet Form
- □ Jacket
- □ Headgear (gentle leader or halti)
- □ ID Card
- □ Medication if needed during stay
- Heartgard/Advantage if at sitter's home on the first day of a month when treatment is due: e.g. Aug. 1 treatment due
- □ Food (enough food for entire stay plus 2 extra feedings just incase they are needed)
- □ Puppy Sitting Form- "Puppy Goes to Sitter"

Please note any equipment provided for sitter's use:

- □ Gates
- □ Toys
- □ Appropriately sized crate
- □ Long Line
- Tie Down
- □ Leash

- □ Bowls
- □ Brush/grooming tools
- Toothbrush/toothpaste
- Kennel
- □ Clean-up kit
- □ Other _____

Puppy Evaluation

GDB emergency number is: 1-800-295-4050

*Puppy Sitter completes page 3 "Puppy Goes to Sitter" form) before returning puppy to the raiser.

 Puppy's Name:
 Date of Sitting Occurrence: From
 To:

Describe the experience/outings you provided for the puppy and your impression of the puppy's overall behavior while in your home.



Your devotion to our mission and your dedication to following Guide Dog for the Blind's Policy, helps to ensure each guide dog puppy in training it's best chance to become a working guide dog in the future. THANK YOU!