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| Puppy’s Name:  Puppy’s ID#: | | | Raiser’s Name:  Puppy Sitter’s Name: | |
| Breed/Sex:  Puppy’s Age: | | | Puppy Raising Leader’s Name:  Date(s) of puppy camp: | |
| Appetite:  Excellent  Good  Poor | Activity Level:  Overly Active  Normal  Calm  Depressed | | | Behavior When Alone:  Barks Cries/Whines  Digs Chews Relief issues  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reaction to People:  Men F R T A  Women F R T A  Children F R T A  F=Friendly R=Reserved T=Timid A=Aggressive | | | Reaction to Animals:  Dogs E C T A  Cats E C T A  Other E C T A  E=Excitable C=Calm T=Timid A=Aggressive | |
| Reaction to Environment:  Car Ride E C U F  Passing Cars E C U F  Machinery E C U F  Bicycles E C U F  Shopping Carts E C U F  Skateboards E C U F  Crowds E C U F  Construction E C U F  Slippery Floors E C U F  Food Smells E C U F  Closed Stairs E C U F  Open Stairs E C U F  Elevators E C U F  Grates E C U F  Heights E C U F  Loud noises E C U F  Stationary objects E C U F  Objects in motion E C U F  Unusual objects E C U F  E=Excited C=Calm U=Unsure F=Fearful | | | Behaviors / Concerns:  Knows required commands Y N  House manners (off leash) Y N  Running indoors Y N  Loose leash walking Y N  Puppy Handling Y N  Health/Physical issues Y N  Proper greeting of strangers Y N  Relieves indoors Y N  Relieves on outings Y N  Relieves off command Y N  Charging outdoors Y N  Licking/chewing Y N  Crate behavior Y N  Tie-down behavior Y N  Mouthing/grabbing Y N  Gets on Furniture Y N  Food guarding Y N  Garbage mouth Y N  Growling/Barking Y N  Y = Area of concern N = No concerns noted | |
| List Activities/Outings: | | Describe any behavioral concerns noted above: | | |
| Medications given: | | Heartgard Date:\_\_\_\_\_\_\_\_\_\_\_  Frontline Date: \_\_\_\_\_\_\_\_\_\_\_ | | |

**\*\* Puppy sitters – please complete this form at the end of puppy camp and send to the puppy raising leader.**