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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:ExcellentGoodPoor | Activity Level:Overly ActiveNormalCalmDepressed | Behavior When Alone: Barks Cries/Whines  Digs Chews Relief issues  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reaction to People:Men F R T AWomen F R T AChildren F R T AF=Friendly R=Reserved T=Timid A=Aggressive | Reaction to Animals:Dogs E C T ACats E C T A Other E C T AE=Excitable C=Calm T=Timid A=Aggressive |
| Reaction to Environment:Car Ride E C U FPassing Cars E C U FMachinery E C U FBicycles E C U FShopping Carts E C U FSkateboards E C U FCrowds E C U FConstruction E C U FSlippery Floors E C U FFood Smells E C U FClosed Stairs E C U FOpen Stairs E C U FElevators E C U FGrates E C U FHeights E C U FLoud noises E C U FStationary objects E C U FObjects in motion E C U FUnusual objects E C U FE=Excited C=Calm U=Unsure F=Fearful | Behaviors / Concerns:Knows required commands Y NHouse manners (off leash) Y NRunning indoors Y NLoose leash walking Y NPuppy Handling Y NHealth/Physical issues Y NProper greeting of strangers Y NRelieves indoors Y NRelieves on outings Y NRelieves off command Y NCharging outdoors Y NLicking/chewing Y NCrate behavior Y N Tie-down behavior Y NMouthing/grabbing Y NGets on Furniture Y NFood guarding Y NGarbage mouth Y N Growling/Barking Y NY = 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.**