

**Puppy Sitter Information
And
Feedback Report**



Puppy's Name _____ Nickname _____

Puppy Raisers Name _____

Tattoo # _____ Birth date _____ Intact? Yes No

Veterinarian _____

Office Phone # _____ Emergency Phone # _____

Veterinarian Address _____

Puppy Raiser needs your services from _____ to _____

CCI Emergency Numbers 760-901-4300(weekdays) 760-805-4264(weekends/holidays)

Puppy Raiser can be reached while away at _____

Brand of dog food _____ Amount _____ Time(s) _____/Day

Food allergies or other current medical conditions _____

Date of last heat cycle (Female pups) _____

Date Heartgard & flea control medication are due _____ Date of last bath _____

Is the puppy housebroken? Yes No Toileting habits _____

Does the puppy sleep in a crate? Yes No Is crate provided? Yes No

Time and Location of Puppy Classes _____

Commands puppy is familiar with: I = Introduced P = Practicing

____ Puppy's Name	____ Roll	____ Hurry	____ Jump	____ Turn
____ Here	____ Wait	____ Shake	____ Bed	____ Out
____ Let's Go	____ Release	____ Speak	____ Under	
____ Sit	____ Don't	____ Dress	____ Up	
____ Stand	____ No	____ Car	____ Back	
____ Down	____ Quiet	____ Visit	____ Heel	
____ Stay	____ Off	____ Lap	____ Side	

Training concerns _____

Additional instructions _____

Puppy's Name _____ Puppy Sitter's Name _____

Feedback from the Puppy Sitter
(Please use a separate sheet of paper if necessary)

1. How did the puppy adjust in the first few hours? As the days passed?

2. How did the puppy interact with children and other pets?

3. How was the puppy during grooming sessions?

4. Did the puppy ever bark or growl inappropriately? If so, explain.

5. How was the puppy's greeting behavior with people and other dogs?

6. Was the puppy confident in public? If not, explain.

7. Did the puppy wait at doorways? Yes No Bolt through? Yes No

8. Did the puppy jump on beds or furniture? If so, what was the situation?

9. How was the puppy around people food? Could you leave food unattended?

10. How would you describe the puppy's overall behavior at your home? In public?

Other comments:

Please give a copy of the report to the Puppy Raiser and send a copy to the Puppy Program –
Email – swrpuppy@cci.org
Fax # - 760-901-4350
CCI P.O. Box 4568 Oceanside, CA 92052