Please use this form to track puppy sitting experiences.

1. Raisers fill in Pages 1 and 2 and send to the leader before the puppy is sat.
2. Leaders will review as needed and share the puppy sitting form with sitters.
3. Sitters complete Pages 3 and 4 and return it to their leader and raiser.
4. Leaders add any additional comments and send the completed form to their CFR.

Puppy Sitting Dates (FROM – TO):

# Puppy Contact Information

Puppy’s Name: Raiser’s Name:

Puppy Date of Birth: Raiser’s Phone #:

Puppy’s GDB ID: Emergency Contact:

Intact? (last season, if appropriate):

Veterinarian/Vet Clinic:

Clinic Address:

Vet Phone #:

Any medication (and instructions/notes):

|  |
| --- |
|  |

# Feeding Information

Meals/Day: Feeding Times:

Cups/Meal: Food Brand:

Feeding & Watering Notes:

|  |
| --- |
|  |

# Sleep and Relieving Information

Sleeping (crate/tie-down, schedule, etc.):

|  |
| --- |
|  |

Relieving (surfaces, schedule, etc.) – *also note any relieving accidents in the last month (outings, at home, etc.):*

|  |
| --- |
|  |

# Confinement

Home Alone? (amount of time/access):

|  |
| --- |
|  |

Vehicle Travel (crate, tie-down, etc.):

|  |
| --- |
|  |

# Special Protocols/Additional Comments (challenge areas, activity level, etc.)

|  |
| --- |
|  |

# Puppy Supply Reminders! Please check off supplies packed to make sure they are returned…

* Food: enough for the duration of the puppy sit + extra just in case
* Medications: \_\_ Heartworm/Flea Control (if appropriate), \_\_ any special meds (as required)
* Sleeping: \_\_ Dog bed, \_\_ tie-down, \_\_ crate (as needed)
* Equipment: \_\_ Jacket, \_\_ Leash, \_\_ Dragline, \_\_ Collar, \_\_ Gentle Leader, \_\_ Puppy ID card,

\_\_ Toys (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sitter’s Name: Sitter’s Phone #:

# Cue Response

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | | | **2** | **3** | | | **4** | **5** | |
| Not Used | No Response | | | Occasionally | Half the Time | | | Most of the Time | All the Time | |
| Name response: | |  | Collar Cues: | | |  | “Wait”: | | |  | |
| “Nice” response: | |  | “Let’s Go”: | | |  | “Stay”: | | |  | |
| “Sit”: | |  | “Come” (on leash): | | |  | “OK”: | | |  | |
| “Down”: | |  | “Come” (off leash): | | |  | “Go To Bed”: | | |  | |
| “Stand”: | |  | “That’s Enough”: | | |  | “Do Your Business”: | | |  | |

*Cue Response Comments (verbal vs. hand signal responses, gentle food taking, etc.)*

|  |
| --- |
|  |

# Observations

House Behavior (vocalizations, greeting people, confinement, other pets in the home, etc.)

|  |
| --- |
|  |

Ease of Handling (loose leash walking, equipment acceptance, body handling)

|  |
| --- |
|  |

Relieving (surfaces, on cue, any accidents)

|  |
| --- |
|  |

Confidence (dogs, people, objects, noises, surfaces, etc.) *Please note exemplary behavior in difficult situations AND any fearful reactions, including how quickly the puppy recovered.*

|  |
| --- |
|  |

Distractibility (dogs, people, objects, noises, etc.) *Please explain the distraction, the puppy’s reaction, and how quickly the puppy recovered.*

|  |
| --- |
|  |

Surfaces (grates, wet, stairs, etc.)

|  |
| --- |
|  |

Additional Sitter Comments

|  |
| --- |
|  |

Leader Comments

|  |
| --- |
|  |