

# Guide Dogs for the Blind San Diego (Northeast) Puppy Raisers

## Puppy Sitting Form

Page 1 - 3 – completed by puppy raiser & discussed at drop off with puppy sitter

Page 4 - 6 – completed by puppy sitter. Please provide as much detail as possible; this is a chance for the raiser and leader to understand how the puppy reacts in a different environment. BE HONEST!

**If you have an issue while puppy sitting, try to contact the raiser and then call your club leader.**

Puppy's Name: \_\_\_\_\_ Puppy's DOB: \_\_\_\_\_ Puppy's GDB ID# \_\_\_\_\_

Sex: M F Neutered/Spayed? Yes No

Date of drop off: \_\_\_\_\_ Date of pickup: \_\_\_\_\_

Raiser's Name: \_\_\_\_\_

Phone number Raiser can be reached at: \_\_\_\_\_

Puppy sitter's name: \_\_\_\_\_

**Puppy's Vet Info:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

### Feeding Info:

Brand of Food: \_\_\_\_\_

Meal	Time	Amount
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Morning	_____	_____
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Midday	_____	_____
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Evening	_____	_____
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Special Instructions for meals (example: float, restrict water, etc.)

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### Medication information:

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**Medical Conditions/Restrictions:**

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**Relieving:**

How often: \_\_\_\_\_ Will pup acknowledge need? \_\_\_\_\_

How? \_\_\_\_\_

Surfaces: \_\_\_\_\_

Special relieving instructions: \_\_\_\_\_

**Sleeping (circle one):**

Crated Where: \_\_\_\_\_

Roams Where: \_\_\_\_\_

**Vehicle Travel (circle one):**    crate                      tie down                      on floor

**Outings:** Please list any restrictions for your puppy, both time restrictions and types of places.

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**Puppy Commands:**

<u>Command</u>	<u>Will do</u>	<u>With Help</u>	<u>Will not do</u>
Sit	_____	_____	_____
Down	_____	_____	_____
Stand	_____	_____	_____
Come	_____	_____	_____
Wait	_____	_____	_____
Stay	_____	_____	_____
Go to bed	_____	_____	_____
Kennel	_____	_____	_____
Do your business	_____	_____	_____
That's enough	_____	_____	_____
OK	_____	_____	_____
Let's go	_____	_____	_____

Does your puppy know his/her commands off leash (fenced yard) ?                      Yes                      No

Distracted by: \_\_\_\_\_

Afraid of: \_\_\_\_\_

**Items brought with puppy (checklist):**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> puppy jacket      | <input type="checkbox"/> bowls                 | <input type="checkbox"/> tie down     |
| <input type="checkbox"/> gentle leader     | <input type="checkbox"/> medication            | <input type="checkbox"/> kennel       |
| <input type="checkbox"/> leash             | <input type="checkbox"/> brush/grooming        | <input type="checkbox"/> x-pen        |
| <input type="checkbox"/> food              | <input type="checkbox"/> toothpaste/toothbrush | <input type="checkbox"/> clean-up kit |
| <input type="checkbox"/> bed/blanket       | <input type="checkbox"/> Bait bag              | <input type="checkbox"/> drag line    |
| <input type="checkbox"/> Toys, List _____  |  |                                       |
| <input type="checkbox"/> Other, List _____ |  |                                       |

**Behavior**

**In the House/Yard:**

- Barking/Whining  Yes  No
- House trained  Yes  No
- Jumps on furniture  Yes  No
- Jumps on people  Yes  No
- Steals food  Yes  No
- Counter surfing  Yes  No
- Destructive chewing  Yes  No
- Keep away  Yes  No
- Raids trash cans  Yes  No
  
- Separation anxiety  Yes  No
- Must be crated  Yes  No
- Drag line needed  Yes  No

**In the Yard:**

- Filth eater  Yes  No
- Digging  Yes  No
- Garbage mouth  Yes  No
- Chewing  Yes  No
- Keep on leash  Yes  No

**On Outings:**

- Solicitous  Yes  No
- Dog Distracted  Yes  No

**Challenging Behaviors, and other important information for puppy sitter:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*This page is to be filled out by the puppy sitter\*\***

Puppy Sitter \_\_\_\_\_

Puppy Name \_\_\_\_\_

**Behavior displayed during puppy sitting:**

Barking/Whining    \_\_Yes \_\_No

House trained        \_\_Yes \_\_No

Jumps on furniture    \_\_Yes \_\_No

Jumps on people        \_\_Yes \_\_No

Steals food            \_\_Yes \_\_No

Counter surfing        \_\_Yes \_\_No

Destructive chewing    \_\_Yes \_\_No

Keep away             \_\_Yes \_\_No

Raids trash cans        \_\_Yes \_\_No

Separation anxiety    \_\_Yes \_\_No

Must be crated         \_\_Yes \_\_No

Drag line needed        \_\_Yes \_\_No

Filth eater             \_\_Yes \_\_No

Digging                \_\_Yes \_\_No

Garbage mouth         \_\_Yes \_\_No

Chewing                \_\_Yes \_\_No

Keep on leash          \_\_Yes \_\_No

**On Outings:**

Solicitous              \_\_Yes \_\_No

Dog Distracted         \_\_Yes \_\_No

Describe, in detail, any issues checked above:

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List all outings: (use additional pages if needed)

Day 1 \_\_\_\_\_

Day 2 \_\_\_\_\_

Day 3 \_\_\_\_\_

Day 4 \_\_\_\_\_

Day 4 \_\_\_\_\_

Day 5 \_\_\_\_\_

Day 6 \_\_\_\_\_

Day 7 \_\_\_\_\_

Day 8 \_\_\_\_\_

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

**0** – not used      **1** - No Response      **2** – Occasionally      **3** – Half the time

**4** – Most of the Time      **5** – All of 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” : \_\_\_\_\_

Comments on Cue Response: \_\_\_\_\_

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

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

Relieving Comments (surfaces, on command, any accidents):

Distraction Comments (dogs, people, objects, noises):

Please explain the distraction, the puppy's reaction and how quickly the puppy recovered

Confidence (dogs, people, objects, noises, etc.):

Please note exemplary behavior in difficult situations AND any fearful reactions, including how quickly the puppy recovered

Surfaces Comments (grates, wet, stairs, etc.):

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Overall impression of puppy: Include positive areas and problem areas not covered above

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**This entire form needs to be emailed to your club leader at  
[GDBsandiegoNEpuppyraisers@outlook.com](mailto:GDBsandiegoNEpuppyraisers@outlook.com)**

**Leader Comments:**

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