

**Service Dogs 4 Kids
Monthly PROGRESS REPORT**

DATE: _____, 202__

Puppy name: _____

Puppy raiser: _____

Age: _____ Sex: M F DOB: _____

Bring to Class

Check here if you would like to speak to someone from the puppy program

Phone number: _____

Best time to call: _____

Email address: _____

Chip # _____ ID Tag: _____

Brand of Food: _____

Total cups per day: _____ Weight: _____

Check one: Intact Spayed/Neutered

I. BEHAVIOR PART 1			
Is the puppy...	YES	NO	HAVING TROUBLE
Quiet when crated with people nearby			
Quiet when crated without people nearby			
Sleeping in a crate at night			
Urinating and Defecating on leash on command			
Interacting gently with children			
Calmly allowing grooming			
Calmly allowing nail trimming			
Calmly accepting of hands-on restraint and cradling			
Accepting of gentle leader when on leash			
Maintaining eye contact with handler			

Please describe how you are handling this issue:

II. BEHAVIOR PART 2			
Does the puppy...	YES	NO	HAVING TROUBLE
Chew Inappropriately			
Steal food or garbage			
Bark protectively or territorially			
Growl at _____			
Have overly shy reactions			
Demonstrate overly excitable greetings			
Protect food or toys			
Mouth/snap/bite			
Have travel sickness			
Have excessive energy			
Establish territory by urinary marking			
Sexually mount another dog			
Dig			
Fence fight/bark with neighboring dog			
Other _____			

Please describe how you are handling this issue:

III. DOG INTERACTION

Please describe any concerning behavior while the puppy is in the presence of dogs, such as: high dog distraction, lunging, barking, growling, hackling or shying away. _____

IV. OUTDOORS

What outings have you taken this month? Please describe any other concerning behavior observed while the puppy is outdoors or in public, such as: small animal interest, cat distraction or chasing, inappropriate toileting, forging or pulling on leash. _____

V. TRAINING

What training tools are you currently using?

flat collar gentle leader/halti food treats other _____

List training classes attended this month:

TRAINING							
Command	Not Yet Introduced	Practicing	Having Trouble	Command	Not Yet Introduced	Practicing	Having Trouble
NAME				HERE			
HURRY				BED			
KENNEL				SPEAK			
WAIT				STAND			
RELEASE				ROLL			
LET'S GO				BACK			
QUIET				HEEL			
DON'T/NO				SIDE			
DRESS				UP			
SIT				JUMP			
DOWN				VISIT			
STAY				LAP			
CAR				SHAKE			
OFF				DROP			
UNDER							

Please share any special accomplishments/awards you have received in the past month.

VI. TEMPERAMENT				
Does the puppy demonstrate...	Never	Rarely	Frequently	Always
Willingness to work				
Confidence				
Calmness				
Attentiveness				
Adaptability				
Distractibility				
Fearfulness				
Anxiety				
Aggression				
High prey drive				

Please describe how you are handling this issue:

VII. HEALTH

Describe CCI puppy health concerns and/or medical care the puppy has received this month. Please include the names of any medications or treatments.

Date of last heat cycle: _____

VIII. COMMENTS/CONCERNS

Please describe any additional comments or concerns about the CCI puppy.

*******FOR OFFICE USE ONLY*******

Reviewed By: _____

Title: _____

Follow-up- needed? YES NO

Comments: _____
