



CANINE PARTNERS FOR LIFE

Making the miracle of greater independence possible.

www.k94life.org

Written Home Companion Follow-Up Report

Recipient _____

Dog _____

Date Report Due _____

Date Received _____ (office use only)

Class _____ (Spring 92, etc.)

Report completed by: _____

Phone # _____

OBEDIENCE

Please rate the following obedience skills.

If these skills varied due to environment, etc. please note!

Check the box which describes your dog's behavior most accurately.

	Excellent	Good	Needs Improvement	Poor
Sit				
Down				
Heel				
Walk on loose leash				
Stay				
Recall within home				
Recall within fenced area				
Down stay during meals				
Appropriate response to people entering house				
Appropriate car behavior				
Sit/stay while waiting to be fed				
Good playtime behavior				
The command off				

Please add any comment or concerns regarding your dog's obedience skills below.

Are you presently training your dog to perform any other skills? If so, please explain the task and how you are approaching training.

Do you need assistance in overcoming problem areas? If so, how can CPL help?

Does your dog, at any time, act aggressively, exhibiting growling, snarling, nipping, biting or barking behaviors? If so, please explain events leading to the behavior and the corrective measures taken.

Does your dog, at any time, have elimination problems or accidents?

Are there any particular environments or situations in which you find it difficult to maintain control of your dog? If so, please explain and include steps being taken to correct.

Please check all training equipment you are currently using:	
Nylon band collar	
6 ft. leash	
4 ft. leash	
Halti	
Pinch collar	
Flexi-leash	
Other	

Do you have a current state license for your dog? (include copy) ___yes ___no

Date of annual physical examination _____

**Do you have a current rabies certificate for your dog? (include copy)
___yes___no**

Is your dog on heartworm preventative? ___yes ___no Brand:_____

Current weight of dog_____ Date weight was taken_____

Name & phone of veterinarian_____

What food is your dog currently eating? (brand and formula)_____

How many cups of food are you feeding your dog at each meal?_____

Is your dog given a portion of each day to play freely within a fenced area? If not, how do you assure adequate exercise of your dog?

Does your dog exhibit any unusual fears or anxieties? If so, please explain.

How many hours per day is your dog crated?_____

What is the dog's response to crating?

Please classify behavior by checking the appropriate behaviors:

If you check behavior marked with **, please explain in more detail below

_____ Dog shows no interest in people food.

_____ Dog shows interest in people food but does not beg or attempt to receive.

_____ **Dog openly begs or makes attempts to steal people food.

_____ Dog ignores other animals (wildlife or domestic).

_____ Dog shows interest in other animals but does not lose ability to concentrate.

_____ **Dog becomes openly enthusiastic over presence of other animals and is difficult to control.

_____ **Dog becomes aggressive in the presence of other animals.

_____ Dog barks in the home environment but responds appropriately to commands to stop.

_____ **Dog barks excessively in the home environment and does not respond to commands to stop.

_____ **Dog is shy, cautious or nervous

_____ Dog is outgoing, anxious to explore or has little or no fears

_____ **Dog is lethargic or has low energy

_____ Dog is vivacious, energetic or active

Additional Comments:

Has your dog had any major medical problems recently? What measures were taken to correct?

Use the remainder of the page to notify CPL of other concerns, questions, requests or comments. Please include an overall summary regarding your relationship with your dog.

Please provide us with your current contact information: (If there are any changes throughout the year, please let us know.)
Mailing Address:
Phone Number:
Email Address:

Thank you for completing this follow-up as completely and accurately as possible. By doing so you are making it possible for CPL to continually improve its program and meet your needs.

Return form to:

Canine Partners For Life
P.O. Box 170
Cochranville, PA 19330-0170

Any questions please call 610-869-4902 extension 212.