



# CANINE PARTNERS FOR LIFE

Making the miracle of greater independence possible.

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## Written Follow-Up Report for Residential Companions

Facility \_\_\_\_\_ 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 facility				
Recall within fenced area				
Appropriate response to people entering facility				
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? If yes, how are you handling this and what could be cause of problems?

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**

**Do you have a current rabies certificate for your dog? (include copy)  
\_\_\_yes \_\_\_no**

**Date of annual physical examination \_\_\_\_\_**

**Is your dog on heartworm preventative? \_\_\_yes \_\_\_no**

**What 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.

What activities is dog used for in interaction with residents?

**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 facility environment but responds appropriately to commands to stop.

\_\_\_\_\_ \*\*Dog barks excessively in the facility 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?

In your opinion, is staff appropriately caring for dog? Examples: walking, feeding, exercising, etc).

Use the remainder of the page to notify CPL of other concerns, questions, requests or comments. Please include an overall summary regarding the dog's placement in your facility.

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.