



CANINE PARTNERS FOR LIFE

Making the miracle of greater independence possible.

www.k94life.org

Recipient Written Follow-Up Report

Recipient:

Dog:

Date Report Due:

Date Received:

(office use only)

Class (Spring 92, etc.)

OBEDIENCE

Please rate the following obedience skills. If these skills varied due to environment, etc. please note! If particular skills are not included in the daily training routine which was given to you, do not rate. Check the box which describes your dog's behavior most accurately.

	Excellent	Good	Average	Poor
Heel or side				
Sit At Halt				
Pace Changes				
About Turns				
Verbal Down at Side				
Verbal Down from Distance				
Verbal Return to Sit				
Verbal Come				
Signal Down				
Signal Come				
Sit Stay				
Down Stay				
Return to Heel				

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

SERVICE SKILLS

Please list the service skills which your dog performs for you. Following each listing, please include the dog's consistency, precision and willingness to complete.

1.

2.

3.

4.

5.

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

Do you need assistance in overcoming problem areas or adjusting your dog's skills to meet your changing needs?

If so, how can CPL help?

Date of last graduate support class you attended:

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		
Check-Choke collar		
Halti		
Harness		
Backpack		
Pinch collar		
Flexi-leash		
Other		
Do you have a current state/city 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 examination:		
Current weight of dog:		
Date weight was taken:		
Is your dog on heartworm preventative? yes no		
What Brand?		
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.

SOCIAL SKILLS

Please check as many of the following categories as apply to your dog's current social behavior. If you checked any marked with a **, please add comments below!

_____ Dog ignores attempts by public to interact.

_____ Dog responds to public interaction but does not leave recipient's side or lose ability to concentrate on work.

_____ ****Dog is completely distracted by the public's attempt to interact and becomes difficult to manage.**

_____ 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 on work.

_____ ****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 barks in public. Please indicate the situation and response to correction.**

Additional Comments:

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

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:

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

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 210.