



Canine Partners for Life

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Monthly Puppy Home Report

Puppy Home: _____

Puppy: _____ Birth Date: _____

Month/Year _____

1. Please classify your puppy's behavior - Mark as many as apply

- * _____ Shy, cautious, nervous
- _____ Outgoing, anxious to explore, little or no fears
- * _____ Aggressive, pushy, difficult to handle
- * _____ Lethargic, low energy
- _____ Vivacious, energetic, active
- _____ Comes when called
- * _____ Runs away when called
- * _____ Sometimes comes, sometimes runs when called
- * _____ Excessive chewing
- * _____ Poor behavior around children, other animals
- _____ Completely housebroken
- _____ Almost completely housebroken
- _____ Somewhat housebroken
- _____ Not housebroken

If you marked any of the starred items above, please explain in further detail below.

Which training aids are you currently using? _____

Has your puppy been healthy during the past month _____

What food (brand & formula) is your puppy currently eating? _____

How many times have your puppy's nails been cut this month? _____ By who? _____

What is the puppy's reaction to his/her nails being cut? _____

Has your puppy exhibited any growling, biting, or mouthiness during the past month? If yes please describe in detail the events which happened previous to the behavior, what corrective measures were taken, and the dog's response to the correction.

Has your puppy exhibited any fears or unusual behaviors? Where? What happened? What corrective measures were taken? Is the fear continuing?

All puppies must be crated daily. How many hours per day on average is the puppy spending in the crate? Hours during day _____ hours at night _____

What is the puppy's response to crating? _____

Have you had any access issues this month? Where & what was the result? _____

Are there any difficult behaviors occurring which you would like help with? Use an extra sheet if necessary or call the office. _____

