

Power Paws Assistance Dogs

PO Box 1163 ~ Scottsdale, AZ 85252
Phone 480-945-0754 ~ Fax 480-945-0525
Email AZPowerPaws@aol.com
www.AZPowerPaws.org
"Empowering People for Independence"

"PUPPY GOES TO THE SITTER"

Directions:

- 1) Raiser completes pages 1-3, then gives entire packet to the sitter along with blank page 4 of form.
- 2) Sitter completes page 4 of form and returns report card to Power Paws within 5 business days.
Fax to 480-945-0525 or mail to PO Box 1163 Scottsdale, AZ 85252.

Puppy Information: Date of Sitting Occurrence: From _____ To: _____
Puppy Name: _____ Age: _____

Raiser Contact Information:
Raiser Name: _____ Raiser's Address: _____
Raiser Home Telephone: _____ Cell Phone Number: _____
Alternate Phone Number: _____

Normal Vet Clinic Information:
Name of Vet Clinic/Office: _____ Name of Vet: _____
Address for Vet Clinic/Office: _____
Telephone: Number: _____ Office Hours: _____

If a sitter needs to take your PP puppy to the vet for routine/illness/emergency care, the Raiser understands they will be responsible for the cost incurred for that vet visit. _____ Initial
*Note: Sitter will contact PP before any unscheduled vet care is provided.

Does Raiser have an account setup with their regular vet that would allow a sitter to leave a balance owing until you can return to make payment if any vet visits occur while your puppy is at the sitter?
Yes No

Feeding Instructions:
Number of cups per meal _____ Number of feedings per day _____

Feeding Times: Morning _____ Midday _____ Evening _____
Food Type: ProPlan Large Breed Puppy ProPlan Large Breed Adult Other brand _____
List type of food even if you have included enough food for the visit.
*Hint: Using ziplock bags to pre-package each meal is helpful. Remember to send a couple extra meals just incase they are needed.
Any Special feeding/watering instructions: _____

Medical Requirements During Stay:
Shots Needed during stay with sitter: No Yes, if yes fill in below...
Shot Type: _____ Date Due: _____ Date Scheduled: _____

Appointment: Time: _____ AM/PM Location: _____ Doctor Name: _____

Prescribed Medicine with Instructions (Complete if your puppy is currently on medication):
Medicine Name: _____
Dosage: _____ Times medicine needs to be given: _____
Reason for medication: _____ Date when medication was started: _____
Date when medication should be finished: _____

*Has your puppy been on any medications within the last 2 weeks. If so for what reason: _____
Name of medication _____ and date _____ when was medication finished.

Puppy Behavior: (discuss these topics)

- Freedom: length of time and space (remember puppies are always supervised)

Can puppy get out of a swimming pool? Yes No

- Sleeping: (Normal routine is...)
 - Crate
 - "Tie-down"
 - Free in the room

Puppy Behavior continues: (discuss these topics)

- Relieving:
Is your puppy house trained? Yes No

What is your puppy's signs/clues when he/she needs to relieve?

Are you having any problems with your puppy relieving on different surfaces? No Yes
If yes, on what kind of surface is a challenge?

***Please Note: A puppy should not be left in the backyard without supervision. If home has unfenced pool, puppy should always be on leash in the backyard.

Puppy's Challenging Behaviors: (Discuss in detail)

Suggestions for dealing with Challenging Behaviors: (Discuss any special protocol in detail)

Checklist of necessary items:

- Bandana/ Backpack/Jacket
- Training Gear (Gentle Leader, Easy Walk Harness, Hex Collar)
- ID Card
- Medication if needed during stay
- Heartgard/Frontline if at sitter's home on the first day of a month when treatment is due: e.g. Aug. 1 – treatment due
- Food (enough food for entire stay plus 2 extra feedings just incase they are needed)
- Vitamins and supplements
- Puppy Sitting Form- "Puppy Goes to the Sitter"

Please note any equipment provided for sitter's use:

- Gates
- Toys _____, _____, _____, _____,
- Appropriately sized crate
- Long Line
- Tie Down
- Leash
- Bowls
- Brush/grooming tools
- Toothbrush/toothpaste
- Kennel
- Clean-up kit
- Other _____

Puppy Report Card
Power Paws Assistance Dogs, Inc.

Sitter completes this page form and returns report card to Power Paws within 5 business days.
Fax to 480-945-0525 or mail to PO Box 1163 Scottsdale, AZ 85252.

*Puppy Sitter completes report card before returning puppy to the raiser.

Puppy Sitters thank you for volunteering to help in this very vital role. Have fun with your visiting puppy. Please remember that each puppy is an individual and each home has it own routine. It takes time and patience to have a smooth relationship.

Puppy's Name: _____ Age: _____ Raiser's Name: _____

Sitter's Name: _____

Date(s) Puppy was at Sitter's Home: From _____
 To: _____

*Check one or all that apply:

Appetite:	Activity Level:	Behavior When Left Alone:	
Excellent	Overly Active	Barks	Whines
Good	Normally Active	Quiet	Cries
Poor	Calm	Digs	Depressed
		Chews	Other _____

Behavior in the house:

Barking	___ Yes ___ No
Accidents in house	___ Yes ___ No
Jumps on furniture	___ Yes ___ No
Steals food	___ Yes ___ No
Chewing	___ Yes ___ No
Plays Keep away	___ Yes ___ No
Must be kept on long line	___ Yes ___ No
Raids trash cans	___ Yes ___ No

Other Behaviors:

Afraid of:

Behavior in the yard:

Poop eater	___ Yes ___ No
Digging	___ Yes ___ No
Garbage mouth	___ Yes ___ No
Chewing	___ Yes ___ No
Kept on leash at all times	___ Yes ___ No

Other: _____

Positive Behaviors (Things Puppy Does Well): _____

Reaction to Environment:

If puppy was allowed public outings while in your home.

No Response

E- Excitable

C- Calm

U- Uneasy

F-Fearful

G I N

Car Ride	E	C	U	F
Elevators	E	C	U	F
Closed Stairs	E	C	U	F
Open Stairs	E	C	U	F
Machinery	E	C	U	F
Bicycles	E	C	U	F
Shopping Carts	E	C	U	F
Skateboards	E	C	U	F
Crowds	E	C	U	F
Construction	E	C	U	F
Slippery Floors	E	C	U	F
Grates	E	C	U	F

Commands: Rate the following:

G- Good I- Needs Improvement N-

Sit

G I N

Tug

Stay	G	I	N	Release	G	I	N
Let's Go	G	I	N	Get It	G	I	N
Heal	G	I	N	Give	G	I	N
Come	G	I	N	That's It	G	I	N
Down	G	I	N	Settle	G	I	N
Stand	G	I	N	Drop	G	I	N
Roll	G	I	N	Hold	G	I	N
Kiss	G	I	N	Quiet	G	I	N
Wait	G	I	N	Snuggle	G	I	N
Out	G	I	N	Visit	G	I	N
Kennel	G	I	N	Lap	G	I	N
Light	G	I	N	Fix	G	I	N
Switch	G	I	N	Come Here	G	I	N

