

Power Paws Assistance Dogs

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"Empowering People for Independence"

Today's Date: _____
Evaluation Due By: _____

Quarterly Puppy Progress Evaluation

Puppy Name: _____ Type of Flea/Tick Control: _____
Primary Puppy Raiser: _____ Date Last Flea/Tick Control Administered: _____
Type of Food: _____ Type of Heartworm Preventive: _____
Number of 8oz cups per meal _____ Date Last HW Preventive Administered: _____
Number of meals per day _____ Other vitamins/supplements _____
Dog age in months _____ How much _____ How often _____

Behavior

Is puppy...

	Never	Sometimes	Always	Having Trouble
Quiet when crated with people nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiet when crated without people nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping in a crate at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinating & defecating on leash on command	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relieving on all surfaces on command	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting gently with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calmly allowing grooming and bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calmly allowing nail care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calmly accepting of puppy handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chewing inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing food or garbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counter surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barking at people or animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective of food or toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouthy or nipping for attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licking excessively (people, self, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does puppy:

	Never	Sometimes	Always	Having Trouble
Take treats gently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greet people without becoming overly excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get Car Sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mounts other dogs or people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift leg while urinating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have excessive energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charge out doorways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinate when excited or when being submissive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forge or pull on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chase other animals (cats, birds, rabbits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump on people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump on furniture (without command)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Behavior: _____

Handling and Training

Types of collars you are using: Chain Head Prong Citronella Other _____

Number of one on one formal handling sessions per day: _____ Number of training lessons per week: _____

Please rate on the following scale how puppy is doing each of the following commands:

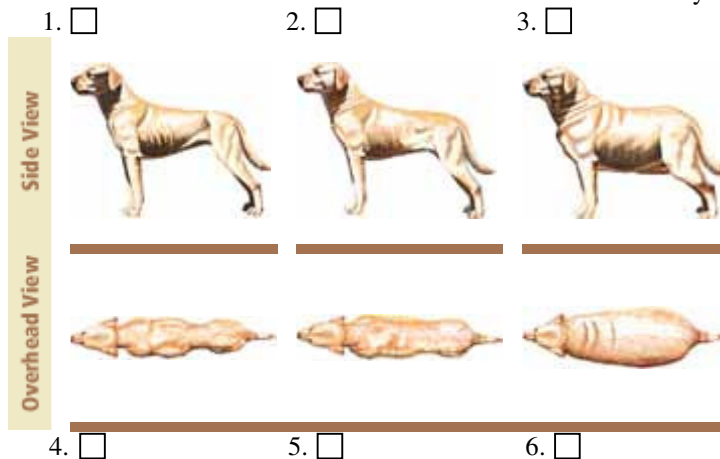
0= not introduced 1= will not do 2= occasionally w/Treats 3= ½ w/ treats 4= most of the time 5= always without treats

_____ Come with leash	_____ Fix	_____ Visit	_____ Bring It Here
_____ Come off leash	_____ Alert	_____ Speak	_____ Give
_____ Better Hurry	_____ Snuggle	_____ Quiet	_____ Drop It
_____ Dress	_____ Up	_____ Light	_____ Switch
_____ Roll	_____ Push	_____ Paws	_____ Tug
_____ Heel	_____ Lap	_____ Go Through	_____ Up/Get It
_____ Out	_____ Leave It	_____ Behind	_____ Up/Give
_____ Kennel	_____ Release	_____ Kiss	_____ Up/Drop It
_____ Shake	_____ Go In	_____ Step	_____ Get Your Leash
_____ Stay under 3 minutes	_____ Side	_____ Go To (Person)	_____ Get Your Cape/Pack
_____ Stay over 3 minutes	_____ Back	_____ Get It	_____ Get Your Leash/Car

Health

Weight

Please check BOTH the *side view* and the *overhead view* that best illustrates your dog in training.



Medical Issues

In the last 3 months has your puppy been to the vet due to problems with: (check all that apply)

<input type="checkbox"/> Eyes	<input type="checkbox"/> Limping	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Other Skin Problem _____
<input type="checkbox"/> Ears	<input type="checkbox"/> Loss of Appetite	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Other Infection _____
<input type="checkbox"/> Hot Spot	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Allergies	<input type="checkbox"/> Other Injury _____
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Other _____

Social Exposure

Average number of outings per week _____

Please rate on the following scale how puppy is doing with each situation.

0= Not Exposed 1= will not do 2= apprehensive 3= usually no problem 4= is confident every time

- | | | |
|--------------------------------------|-----------------------|--------------------------------|
| _____ Elevators Solid/Glass (circle) | _____ Automatic Doors | _____ Children under 5 |
| _____ Bus Travel | _____ Shopping Malls | _____ Sand |
| _____ Airplane | _____ Grates | _____ Snow |
| _____ Supermarket | _____ Slick Floors | _____ Sporting Event |
| _____ Doctor Office | _____ Thunderstorms | _____ Concert/Graduation |
| _____ Restaurants | _____ Fireworks | _____ Fair/Carnival/Theme Park |

Does your puppy go to work with you? Yes No If so: How many days? _____ How many hours? _____

Please share any special events you and your puppy in training attended. _____

Temperament

Does puppy demonstrate...	Never	Rarely	Frequently	Always
Willingness to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calmness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distractibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High prey drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the three traits that BEST describes your puppy in training. (Check ONLY three)

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> 01. serious | <input type="checkbox"/> 09. indifferent | <input type="checkbox"/> 17. distracted | <input type="checkbox"/> 25. slow | <input type="checkbox"/> 33. calm |
| <input type="checkbox"/> 02. playful | <input type="checkbox"/> 10. manipulative | <input type="checkbox"/> 18. stubborn | <input type="checkbox"/> 26. willing | <input type="checkbox"/> 34. attentive |
| <input type="checkbox"/> 03. energetic | <input type="checkbox"/> 11. sensible | <input type="checkbox"/> 19. no-nonsense | <input type="checkbox"/> 27. responsible | <input type="checkbox"/> 35. smart |
| <input type="checkbox"/> 04. protective | <input type="checkbox"/> 12. resistant | <input type="checkbox"/> 20. dependable | <input type="checkbox"/> 28. stable | <input type="checkbox"/> 36. confident |
| <input type="checkbox"/> 05. happy | <input type="checkbox"/> 13. sweet | <input type="checkbox"/> 21. easy-going | <input type="checkbox"/> 29. jealous | <input type="checkbox"/> 37. fearful |
| <input type="checkbox"/> 06. independent | <input type="checkbox"/> 14. assertive | <input type="checkbox"/> 22. devoted | <input type="checkbox"/> 30. submissive | <input type="checkbox"/> 38. friendly |
| <input type="checkbox"/> 07. dependent | <input type="checkbox"/> 15. loving | <input type="checkbox"/> 23. trusting | <input type="checkbox"/> 31. excitable | <input type="checkbox"/> 39. joking |
| <input type="checkbox"/> 08. communicative | <input type="checkbox"/> 16. foolish | <input type="checkbox"/> 24. intense | <input type="checkbox"/> 32. aggressive | <input type="checkbox"/> 40. impatient |

Please check three traits that your puppy in training does NOT possess. (Check ONLY three)

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> 01. serious | <input type="checkbox"/> 09. indifferent | <input type="checkbox"/> 17. distracted | <input type="checkbox"/> 25. slow | <input type="checkbox"/> 33. calm |
| <input type="checkbox"/> 02. playful | <input type="checkbox"/> 10. manipulative | <input type="checkbox"/> 18. stubborn | <input type="checkbox"/> 26. willing | <input type="checkbox"/> 34. attentive |
| <input type="checkbox"/> 03. energetic | <input type="checkbox"/> 11. sensible | <input type="checkbox"/> 19. no-nonsense | <input type="checkbox"/> 27. responsible | <input type="checkbox"/> 35. smart |
| <input type="checkbox"/> 04. protective | <input type="checkbox"/> 12. resistant | <input type="checkbox"/> 20. dependable | <input type="checkbox"/> 28. stable | <input type="checkbox"/> 36. confident |
| <input type="checkbox"/> 05. happy | <input type="checkbox"/> 13. sweet | <input type="checkbox"/> 21. easy-going | <input type="checkbox"/> 29. jealous | <input type="checkbox"/> 37. fearful |
| <input type="checkbox"/> 06. independent | <input type="checkbox"/> 14. assertive | <input type="checkbox"/> 22. devoted | <input type="checkbox"/> 30. submissive | <input type="checkbox"/> 38. friendly |
| <input type="checkbox"/> 07. dependent | <input type="checkbox"/> 15. loving | <input type="checkbox"/> 23. trusting | <input type="checkbox"/> 31. excitable | <input type="checkbox"/> 39. joking |
| <input type="checkbox"/> 08. communicative | <input type="checkbox"/> 16. foolish | <input type="checkbox"/> 24. intense | <input type="checkbox"/> 32. aggressive | <input type="checkbox"/> 40. impatient |

Please describe any additional comments or concerns you have about your PP puppy.
