



# Guide Dogs for the Blind

## Puppy Sitting Form

Please use this form to track puppy sitting experiences.

- 1) Raisers fill in Page 1 and send to the leader before the puppy is sat.
- 2) Leaders will review as needed and share the puppy sitting form with sitters.
- 3) Sitters complete Page 2 and return it to their leader.
- 4) Leaders add any additional comments and send the completed form to their CFR.

Puppy Sitting Dates (FROM – TO): \_\_\_\_\_ Sitter's Name: \_\_\_\_\_

Sitter's Contact: \_\_\_\_\_

### Puppy Contact Information

Puppy's Name: \_\_\_\_\_ Raiser's Name: \_\_\_\_\_

Puppy Date of Birth: \_\_\_\_\_ Raiser's Phone #: \_\_\_\_\_

Puppy's GDB ID: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Intact? (last season, if appropriate): \_\_\_\_\_

Veterinarian/Vet Clinic: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Vet Phone #: \_\_\_\_\_

Any medication (and instructions/notes):  
\_\_\_\_\_

### Feeding Information

Meals/Day: \_\_\_\_\_ Feeding Times: \_\_\_\_\_

Cups/Meal: \_\_\_\_\_ Food Brand: \_\_\_\_\_

Feeding & Watering Notes:  
\_\_\_\_\_

Sleeping (crate/tie-down, schedule, etc.):

Relieving (surfaces, schedule, etc.) – *also note any relieving accidents in the last month (outings, at home, etc.):*

### Confinement

Home Alone? (amount of time/access):

Vehicle Travel (crate, tie-down, etc.):

**Special Protocols/Additional Comments** (challenge areas, activity level, etc.)

### Puppy Supply Reminders! Please check off supplies packed to make sure they are returned...

- ❖ Food: enough for the duration of the puppy sit + extra just in case
- ❖ Medications:  Heartworm/Flea Control (if appropriate),  any special meds (as required)
- ❖ Sleeping:  Dog bed,  tie-down,  crate (as needed)
- ❖ Equipment:  Jacket,  Leash,  Dragline,  Collar,  Gentle Leader,  Puppy ID card,
  - Toys (if any) \_\_\_\_\_
  - Other \_\_\_\_\_



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## Puppy Sitting Form

Sitter's Name: \_\_\_\_\_ Sitter's Address: \_\_\_\_\_

Sitter's Phone #: \_\_\_\_\_

### Cue Response

Please rate the puppy's behavior on the following commands based on the following scale:

0	1	2	3	4	5
Not Used	No Response	Occasionally	Half the Time	Most of the Time	All the Time

Name response: \_\_\_\_\_ Collar Cues: \_\_\_\_\_ "Wait": \_\_\_\_\_  
 "Nice" response: \_\_\_\_\_ "Let's Go": \_\_\_\_\_ "Stay": \_\_\_\_\_  
 "Sit": \_\_\_\_\_ "Come" (on leash): \_\_\_\_\_ "OK": \_\_\_\_\_  
 "Down": \_\_\_\_\_ "Come" (off leash): \_\_\_\_\_ "Go To Bed": \_\_\_\_\_  
 "Stand": \_\_\_\_\_ "That's Enough": \_\_\_\_\_ "Do Your Business": \_\_\_\_\_

*Cue Response Comments (verbal vs. hand signal responses, gentle food taking, etc.)*

### Observations

House Behavior (vocalizations, greeting people, confinement, other pets in the home, etc.)

Ease of Handling (loose leash walking, equipment acceptance, body handling)

Relieving (surfaces, on cue, any accidents)

Outings taken

Distractibility (dogs, people, objects, noises, etc.) *Please explain the distraction, the puppy's reaction, and how quickly the puppy recovered.*

Confidence (dogs, people, objects, noises, etc.) *Please note exemplary behavior in difficult situations AND any fearful reactions, including how quickly the puppy recovered.*

Surfaces (grates, wet, stairs, etc.)

Additional Sitter Comments

Leader Comments