



Guide Dogs for the Blind

Puppy Sitting Form

Please use this form to track puppy sitting experiences. If the puppy sitting time is divided between multiple sitters, each sitter should receive their own form with applicable dates.

- 1) Raisers fill in Raiser Portion 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 Sitter Portion and return it to their leader and raiser.
- 4) Leaders add any additional comments and send the completed form to their CFR.

Raiser Portion*

Puppy Sitting Dates (FROM – TO): _____

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 applicable): _____

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:

Sleep and Relieving Information

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

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



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Confinement

Freedom in the home? 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) please list:

- ❖ Sleeping: Dog bed, tie-down, crate (as needed)
- ❖ Equipment: Jacket, Leash, Dragline, Gentle Leader, Puppy ID card
- Toys (list): _____
- Other (specify): _____



Guide Dogs for the Blind Sitter Portion*

Sitter's Name: _____

Sitter's Phone #: _____

Cue Responses

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

0 Not Used	1 No Response	2 Occasionally	3 Half the Time	4 Most of the Time	5 All the Time
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Name:			Collar Cues:		"Wait":	
"Nice":			"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 the puppy went on with you.



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

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

Surfaces (grates, wet, stairs, etc.)

Additional Sitter Comments

Leader Comments