

Guiding Eyes for the Blind  
Breeding and Placement Center  
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### QUARTERLY PUPPY RAISER'S REPORT

DATE \_\_\_\_\_

Raiser \_\_\_\_\_ Email : \_\_\_\_\_ Region: \_\_\_\_\_  
Raiser Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dog Name: \_\_\_\_\_ Tattoo: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_ Crate Number: \_\_\_\_\_

**Please rate your puppy, using the symbols below & bring completed report to the evaluation:  
5 = Very Good 4 = Good 3 = In Question 2 = Needs Work 1 = Needs Much Work**

*Briefly comment in the space to the right of the question on any answer of "3" or less, answers of "NO" or "N/A".*

*Example:* Easy to give pills: N/A Using topical heartworm preventative \_\_\_\_\_  
Easy to clean ears 3 Shakes head during ear cleaning, ticklish ears \_\_\_\_\_

*Additional comments, questions and concerns can be added at the bottom of the second page.*

Good appetite? \_\_\_\_\_ Cups/day: \_\_\_\_\_ Brand of food: \_\_\_\_\_ Pup's Weight: \_\_\_\_\_

No health problems: \_\_\_\_\_

Stool firm: \_\_\_\_\_

Pleasant energy level: \_\_\_\_\_ Type of exercise: \_\_\_\_\_ Minutes per day: \_\_\_\_\_  
Always on lead or long line  
or in fenced yard: \_\_\_\_\_

Keeps crate clean: \_\_\_\_\_

Quiet in crate: \_\_\_\_\_

Responds to "Kennel": \_\_\_\_\_

No inappropriate chewing: \_\_\_\_\_

Good house manners: \_\_\_\_\_

Can be left unattended: \_\_\_\_\_

Housebroken: \_\_\_\_\_

No play biting people: \_\_\_\_\_

Doesn't steal food: \_\_\_\_\_

Stays off furniture: \_\_\_\_\_

No inappropriate barking: \_\_\_\_\_

Stays out of garbage: \_\_\_\_\_