

Guiding Eyes for the Blind
Breeding and Placement Center
361 Route 164
Patterson, NY 12563
(845)878-3867 Fax (845) 878-3749
breedingcenter@guidingeyes.org

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: _____