



**CANINE COMPANIONS FOR INDEPENDENCE
PUPPY RAISING PROGRAM
MONTHLY PROGRESS REPORT**

RETURN TO:

North Central Regional Center
State Route 37 East
Delaware, OH 43015-9682

For the Month of: Jan

Puppy Raiser: _____

Puppy Name: _____

Feeding Amount: _____ Weight: _____

Type of Food: _____

Sex: M F Intact Neutered

DOB: _____

Date: _____

I. HEALTH:

Describe CCI puppy health concerns and/or MEDICAL CARE the CCI puppy has received since the last progress report (indicate names of medication(s) and treatment). Describe any health problems.

II. HOUSE MANNERS:

Please enter an R (rarely observed), O (often observed) or T (puppy having trouble) next to the following areas:

- | | |
|--|---|
| <input type="checkbox"/> quietly crated while people at home | <input type="checkbox"/> inappropriate chewing |
| <input type="checkbox"/> quietly crated without people at home | <input type="checkbox"/> jumping on furniture |
| <input type="checkbox"/> toilet training on leash command | <input type="checkbox"/> food/garbage stealing |
| <input type="checkbox"/> (defecating and urination) | <input type="checkbox"/> protective/territorial barking |

Please describe any areas of difficulty so we may offer support: _____

III. SOCIAL MANNERS:

Please enter an R (rarely observed), O (often observed) or T (puppy having trouble) next to the following areas:

- | | |
|--|---|
| <input type="checkbox"/> maintaining eye contact w/handler | <input type="checkbox"/> overly shy reactions |
| <input type="checkbox"/> gentle interaction with children | <input type="checkbox"/> overly excitable greetings |
| <input type="checkbox"/> accepting grooming | <input type="checkbox"/> protecting food or toys |
| <input type="checkbox"/> accepting nail trimming | <input type="checkbox"/> mouthing/snapping/biting |
| <input type="checkbox"/> accepting hands-on restraint | <input type="checkbox"/> travel sickness |
| <input type="checkbox"/> accepting tethering | <input type="checkbox"/> excessive energy |
| <input type="checkbox"/> accepting puppy cape | <input type="checkbox"/> urinary marking |
| <input type="checkbox"/> growling/excessive barking | <input type="checkbox"/> sexual mounting |

Please describe any areas of difficulty so we may offer support: _____

IV. DOG INTERACTION:

Please describe any concerning behavior while the puppy is in the presence of dogs, such as: high dog distraction, lunging, barking, growling, hackling or shying away. _____

V. OUTDOORS:

Please describe any concerning behavior observed while the puppy is outdoors, such as: digging, barking, fence fighting, small animal/cat distraction or chasing. _____

