



BERGIN UNIVERSITY of CANINE STUDIES

MONTHLY PUPPY RAISER REPORT

Report Date:	Puppy Name:		
For Month:	Puppy Raiser:		
	Puppy Age:	Gender:	
Brand of Food:	Weight:		
Total cups per day:	Check one:	Intact	Neutered
Are you using something other than kibble to reward behavior?			Yes No
If yes, list what you use:			

HEALTH			
Are you using flea/tick control?			Yes No
Are you giving heartworm medication?			Yes No
Has the puppy seen a veterinarian for a medical problem?			Yes No
If yes, list the names of medication or treatment:			
If applicable, list first and last day of heat cycle:			

GROOMING	
Procedure:	Frequency:
Brush coat	
Bath	
Clean ears	
Clip nails	
Brush teeth	
List who provides the care:	

SOCIALIZATION			
Please list environment, people or other experience puppy was familiarized with during the month.			
Date	Activity	Date	Activity

BEHAVIOR (continued on the next page)			
Is the puppy sleeping in the crate at night?			Yes No
Time spent in the crate during the day:			
Does the puppy toilet on leash on command?			Yes No
Does the puppy toilet on any surface?			Yes No
If not, why ?			

BARKING/ WHINING/GROWLING:

- AT DOGS
- AT PEOPLE
- IN CRATE
- IN CAR
- WHEN BORED / FRUSTRATED
- WHEN EXCITED
- WHEN PLAYING
- OTHER:

Frequency:**BITING/NIPPING/LICKING:**

- PEOPLE'S HANDS OR FEET
- PEOPLE'S CLOTHING
- DOGS
- CATS OR OTHER PETS
- HIM OR HERSELF
- OTHER:

Frequency:**CAPE/ GENTLE LEADER:**

- RUBS OR PAWS
- WON'T MOVE WHILE WEARING
- OTHER:

Frequency:**CHASING:**

- SMALL ANIMALS
- LEAVES/SHADOWS
- TAIL
- OTHER:

Frequency:**CHEWING:**

- INAPPROPRIATE ITEMS
- DESTROYS TOYS
- LEAVES, GRASS, TWIGS
- OTHER:

Frequency:**DIGGING:**

- IN YARD
- IN CRATE

Frequency: OTHER:**DISTRACTED:**

- BY PEOPLE
- BY DOGS OR OTHER ANIMALS
- BY MOVING OBJECTS
- BY FOOD
- OTHER:

Frequency:**EATING:**

- POOR EATER
- EATS TOO FAST (GAGS OR THROWS UP)
- EATS STOOLS
- STEALS FOOD
- STEALS GARBAGE

Frequency:**EXCITABLE GREETINGS:**

- FAMILIAR PERSON
- UNFAMILIAR PERSON
- DOGS
- OTHER:

Frequency:**FEARFUL/NERVOUS:**

- AROUND PEOPLE
- AROUND DOGS
- AROUND OTHER ANIMALS
- OF LOUD/SUDDEN NOISES
- OF VISUAL OBJECTS
- IN TIGHTS SPACES
- OTHER:

Frequency:**GROOMING/HANDLING PROBLEMS:**

- RESISTS RESTRAINT
- RESISTS CRADLING
- RESISTS NAIL CLIPPING
- RESISTS BRUSHING COAT
- RESISTS BRUSHING TEETH
- RESISTS CLEANING EARS
- RESISTS MEDICATION
- RESISTS PUTTING ON THE GENTLE LEADER
- RESISTS PUTTING ON THE CAPE

Frequency: OTHER:**INAPPROPRIATE TOILETING:**

- IN THE CRATE
- IN THE HOUSE
- ON LET'S GO - NOT ON COMMAND
- MARKING OR LIFTING LEG
- WHEN EXCITED
- WHEN NERVOUS

Frequency:**JUMPING:**

- ON PEOPLE
- ON FURNITURE

Frequency:**LEASH BEHAVIOR:**

- BITES LEASH/HOLDS IN MOUTH
- PULLS ON LEASH
- LAGS ON LEASH
- BOLTS TO END IF NERVOUS OR AFRAID
- LUNGES TOWARDS DISTRACTIONS

Frequency:**MOUNTS:**

- PEOPLE
- DOGS
- BEDDING OR OTHER ITEMS

Frequency:**PROTECTS:**

- FOOD OR TOYS FROM HUMANS
- FOOD, TOYS, OR BED FROM DOGS
- HOME OR YARD

Frequency:**RUNNING AWAY:**

- WHEN NERVOUS OR AFRAID
- PLAYS KEEP-AWAY

Frequency:**SURFACES:**

- AVOIDS GRATES
- AVOIDS SLICK FLOORS
- AVOIDS STAIRS
- OTHER:

Frequency:

MONTHLY PUPPY RAISER REPORT

Please describe what you are doing to correct the behavior(s) and what progress you are seeing:

Please describe any additional comments or concerns about the BUCS puppy:

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FOR OFFICE USE ONLY

This report was reviewed by:

Date:

Is follow-up needed?

Yes

No

Due Date for follow up:

Who will follow up?

Comments: