

Custom Canines Service Dog Academy P. O. Box 105 Sun Prairie, WI 53590 Phone: 844-888-8850

Last

Fax: 1-844-888-8850

www.CustomCanines.org

Puppy Raiser's Name: \_\_

Dog Name: \_\_\_

## **Custom Canines Monthly Progress Report**

Current Date:/	
Puppy DOB:/	
Current Weight:	
When completed, please attach to an email ar or mail to: CCSDA • P. O. Box 1 along with three or more pictures of your Please comment below on	05 • Sun Prairie, WI 53590 puppy's experiences this past month
Health	
Daily exercise (how is the dog being exercised and where)	
Any medical concerns	
Diet – Type, amount, times per day	
Allowing grooming and bathing - Allowing tooth brushing - Allowing nail clipping	
Housebreaking - getting busy on different surfaces	
Aggressive (in what situation)	
Anxious (in what situation)	
Fearful (of what or in what situation)	
How is your dog interacting with other dogs? (Is there any barking, growling, hackling, lunging or shying away)	
What outings have you taken your dog on this month? How did your dog behave?	

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Have you observed any behaviors with you Dog that might be of concern, such as fear Pulling on leash - inappropriate toileting	
Any issues with the following behaviors: E protectively or territorial - Chewing inappropria excitable greetings - Digging - Urinary marking fight/bark at neighborhood dogs - Motion sick other animals - Separation anxiety - Snap or to Sexually mount - Protect food or toys nervous situations.	itely - Overly g - Fence ness - Chase ite -
What questions do you have about training or of your dog that you would like to discuss duri meeting?	. •

Please mark below how your puppy is doing with all the commands: I - Introduced/working on M - Mastered P - Problem with teaching N - Not Introduced

Command	Mark (I,M,P, N)	Command	Mark (I,M,P, N)
Name		Car	
Look		Heel	
Get Busy!		Come	
Ack!		Quiet	
No!		Enough	
Yes		Settle	
Crate/Kennel		Rest	
Leave It		Move	
Wait		Under	
Sit		Get Dressed	
Down		Take It	
Stand		Give	
Try Again/ Oops		Fix	
Okay		Visit	

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Stay	Put	
Drop It	Back	
Off	Leash	
Let's Go	Lap	
This Way	Tug	
Go Through	Nose It	
Behind	Side	
Front		

Please attach three or more pictures of your puppy's experiences this past month. Would you like to be contacted by a senior trainer regarding this report?

Yes	П	No	П



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