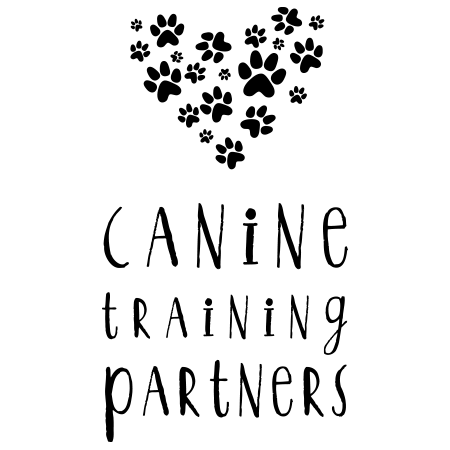
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**CANINE TRAINING PARTNER MONTHLY REPORT**

**Dog:** **Canine Training Partner**:

**Month/Year:**

**CARE**

**Type of Dog Food: AvoDerm Weight Control**

**Amount fed on non-training days:**

**a.m.: c. p.m:**

**Amount fed on training days:**

**a.m: c. p.m.**

**Do you have any concerns about your dog’s health?**

**Please describe any concerns:**

**Has your dog been treated or seen for a medical problem?**

**If yes, please describe:**

**Please list any medication prescribed:**

**COMMAND RESPONSE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the dog respond the the following commands well?**  Yes or no (Y/N) to each of the following questions. | | | | | | | | | | |
| **Sit** |  | **Down** |  | **Off** |  | **Let's Go** |  | **Stay** |  | |
| **Heel** |  | **Release** |  | **No** |  | **Wait** |  | **Go to bed** |  | |
| **Quiet** |  | **Kennel** |  | **Come On Leash** |  | **Come off leash** |  | **Over here** |  | |
| **That's Enough** |  | **Relieves on asphalt** |  |  |  | **Relieves inappropriately** |  |  |  | |

**SOCIALIZATION**

**Were you able to bring the dogs into the public to socialize at least 3 times each week?**

**Were there any concerns or behaviors that need to be addressed?**

**ENVIRONMENTAL RESPONSES: Yes / No / Comments**

**Does well in highly stimulating environments.**

**Does well in moderately stimulating environments.**

**Does well in low stimulating environments.**

**Does well in predictable environments.**

**Does well in unpredictable environments.**

**Please share other important information regarding socialization**:

# UNWANTED BEHAVIORS: Yes/ No / Comments

**Barking at people or dogs?**

**Lunging at people or dogs?**

**Pulling on leash?**

**Destructive chewing?**

**Mouthing or nipping?**

**Jumping on people?**

**Jumping on furniture?**

**Digging or other destructive behavior?**

**Poor house behavior?**

**Keep Away?**

**Distractions?**

**Fear?**

# ADDITIONAL INFORMATION

1. **How many foster care training classes did you attend this month?**
2. **What did you focus on or work on this month?**
3. **What are you planning to focus on or work on next month?**
4. **What areas could your dog use improvement in?:**
5. **What suggestions do you have for training topics for an upcoming class?**
6. **Any other questions, concerns, comments, or suggestions?**