

PLEASE COMPLETE AND RETURN

GUIDE DOG TEAM EVALUATION

TWO MONTH REPORT

Graduate Name: _____

Dog's Name: _____ Tattoo: _____

Are you encountering difficulties since your two week evaluation?

☐ Yes ☐ No

If Yes, please explain: _____

What food are you using? _____

Is he/she eating properly? ☐ YES ☐ NO

Has he/she gained weight? ☐ YES ☐ NO

Does he/she relieve properly? ☐ YES ☐ NO

Have his/her clean habits changed? ☐ YES ☐ NO

Is he/she worked daily? ☐ YES ☐ NO

Approximately how many hours daily? _____

Approximate number of blocks/distance: _____

Do you have difficulty crossing streets? ☐ YES ☐ NO

Has his/her reaction in crowded places (stores, malls, etc.)
changed? ☐ YES ☐ NO

If Yes, please explain: _____

Has he/she become over protective? ☐ YES ☐ NO

Do you give him/her extra obedience work? ☐ YES ☐ NO

Are you experiencing any other difficulties? ☐ YES ☐ NO

If Yes, please explain: _____

