

PLEASE COMPLETE AND RETURN

GUIDE DOG TEAM EVALUATION

TWO WEEK REPORT

Graduate Name: _____

Dog's Name: _____ Tattoo: _____

Date of class: _____

Did you encounter difficulties during your trip home? ☐ Yes ☐ No

If Yes, please explain: _____

Has your guide adjusted to his/her new surroundings at:

Home: ☐ YES ☐ NO Work: ☐ YES ☐ NO

Have you purchased the recommended dog food? ☐ YES ☐ NO

If No, 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

Are his/her habits clean in/around your home? ☐ YES ☐ NO

Is he/she worked daily? ☐ YES ☐ NO

Approximately how many hours daily? _____

Approximate number of blocks/distance: _____

Please choose your method of travel:

☐ Bus

☐ Car

☐ Subway

☐ Train

Do you have difficulty crossing streets? ☐ YES ☐ NO

What is his/her reaction in crowded places (stores, malls, etc.)?

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: _____
