

VIP3 Drop Off Information Sheet

Raiser Name: _____ Puppy Name: _____

Home Phone: _____ Birth date: _____

Jim Cell: _____ ID Number: _____

Puppy Information

Feeding and Medications:

Number of cups per meal: _____ Baggies Included: Yes No

Type of Food: _____

Feeding Routine (i.e.: sit & wait): _____

Normal Feeding Time(s): _____

Additives besides water (i.e.: bran, rice, etc.): Yes No Medications: Yes No

Medications Instructions: _____

Allow ice cubes Yes No Spayed/Neutered Yes No

Sleeping and Relieving:

Puppy Normally Sleeps: In Crate On Tie-Down Loose

Normal Relieving Habits/Schedule: _____

Other Information:

Please work with puppy on: _____

Other Important Information: _____

In Puppy's Bag You Will Find:

Emergency Vet Form

Copy of Rabies Certificate

Identification Card (or copy)

Puppy's Jacket and Leash

Please Complete the Puppy Sitting Form.

Have Fun!!!

VIP3 Puppy Sitting Report

Sitter Name: _____ Puppy Name: _____

Sitter Phone: _____ ID Number: _____

Date of Sitting: _____ Raiser Name: _____

Sitting Information

Sitter's home environment: _____

Puppy's reaction: _____

of Meals per day: _____ Appetite: _____

Puppy Slept: In Crate On Tie-Down Loose

Training and Handling

Type of collar used (circle all that apply): Flat Training Head Collar

puppy handling sessions per day: _____ # training sessions per day: _____

Please rate the puppy's response to the following commands:

0=not used 1=will not do 2=occasionally 3=does ½ the time
4=does most of the time 5=does all the time

Responds to name _____ Sit _____ Down _____ Stand _____ Let's go _____

Stay _____ Okay _____ Wait _____ That's enough _____ Kennel _____

Come on Leash _____ Come off leash (in enclosed area) _____

Relieves: On command (Do Your Business) Yes No on any surface Yes No

Indoors Yes No On walks without my permission Yes No

Socialization and Outings

Concerns and Problems: (Please note any problems or concerns about behavior, health, or reactions)

Things Puppy Did Well: _____

Comments: _____
