



Date	Handler's Name
Church/School	Comfort Dog's Name
Best Time to Contact You	Contact Phone Number

Commands

Please mark the commands you practiced.

With me		Leave it		Kennel/Car	
Look		Lap		Hurry up	
Sit		Visit		Front	
Down		Greet		Side	
Stand		Dress		Back	
Wait		Mat		Quiet	
Stay		We're working		Get	
Come		Settle		Give	

Are you having issues with any of the commands?

Socialization

List the places, people, and experiences you exposed your Comfort Dog to during your time together.

Date	Activity	Date	Activity	Date	Activity

Behaviors

Check the appropriate boxes for behaviors that occurred during your time with the Comfort Dog.

<p>Barking/Whining/Growling</p> <p><input type="checkbox"/> At Dogs <input type="checkbox"/> At People <input type="checkbox"/> In Car</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>	<p>Leash Problems</p> <p><input type="checkbox"/> Pulls On Leash <input type="checkbox"/> Lunges Towards Distractions <input type="checkbox"/> Lags on Leash</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>	<p>Distracted</p> <p><input type="checkbox"/> By People <input type="checkbox"/> By Dogs/Other Animals <input type="checkbox"/> By Moving Objects <input type="checkbox"/> By Food</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>
<p>Excitable Greetings</p> <p><input type="checkbox"/> Familiar Person <input type="checkbox"/> New Person <input type="checkbox"/> Dogs</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>	<p>Surfaces and Entrances</p> <p><input type="checkbox"/> Avoids Grates <input type="checkbox"/> Avoids Slick Floors <input type="checkbox"/> Avoids Stairs</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>	<p>Eating</p> <p><input type="checkbox"/> Steals Food <input type="checkbox"/> Steals Garbage <input type="checkbox"/> Eats too Slow <input type="checkbox"/> Eats too Fast</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>
<p>Jumping</p> <p><input type="checkbox"/> On People <input type="checkbox"/> On Furniture</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>	<p>Chewing</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>	<p>Licking People</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>
<p>Fearful/Nervous</p> <p><input type="checkbox"/> Objects <input type="checkbox"/> Around Dogs <input type="checkbox"/> Around Other Animals <input type="checkbox"/> Loud/Sudden Noises <input type="checkbox"/> Vacuum <input type="checkbox"/> Siren <input type="checkbox"/> Thunder <input type="checkbox"/> Crying/Screaming <input type="checkbox"/> Other <input type="checkbox"/> People <input type="checkbox"/> Hat <input type="checkbox"/> Beard <input type="checkbox"/> Backpack <input type="checkbox"/> Umbrella <input type="checkbox"/> Equipment <input type="checkbox"/> Babies/Toddlers <input type="checkbox"/> Preschool/Elementary Age <input type="checkbox"/> Middle/High School Age <input type="checkbox"/> Adults <input type="checkbox"/> Tight Spaces <input type="checkbox"/> Escalators <input type="checkbox"/> Elevators <input type="checkbox"/> Automatic Door <input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>		<p>Inappropriate Toileting</p> <p><input type="checkbox"/> Marking <input type="checkbox"/> When Excited <input type="checkbox"/> When Nervous <input type="checkbox"/> In the House</p> <p><input type="checkbox"/> Not Observed <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Always <input type="checkbox"/> Vested <input type="checkbox"/> Not Vested <input type="checkbox"/> Both</p>

What did you do to correct the behaviors and were you successful?

What questions or concerns do you have regarding handling your Comfort Dog that we can assist you with?

Would you like additional training to help with your handling?