



## Puppy Raiser IFT Report

Dog name/ Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Raiser: \_\_\_\_\_

Equipment used:

- Flat collar
- Martingale collar
- Perfect Pace
- Gentle Lead

Brand of food: \_\_\_\_\_

Amount of food eaten per day: \_\_\_\_\_

Medical issues:

- Ear infections
- UTI
- Frequent loose stool
- Frequent itching/ scratching

Time spent in crate per day: \_\_\_\_\_

Frequency of crating per day: \_\_\_\_\_

How did the dog do in the crate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



How many kennel enrichment sessions did the dog do at FSD? How did the sessions go? \_\_\_\_\_

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How did the dog do with nail trimming and body handling?

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Was the dog socialized/ exposed to children? If so, how old were the children and what was the dog's response? Did any children live in the home?

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Did the dog live with other dogs or cats? If so, how did they respond? Was the dog exposed to other animals? How did they respond?

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Performance entering, riding in, and exiting vehicle:

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Describe any destructive behaviors (ripping apart certain kinds of toy, chewing):

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Did the dog visit any other homes (friends, dog sitter, etc)? If so, describe their behavior in the home:

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Did the dog go to work with you? If so, what was their response and behavior?

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What other environments did the dog visit (hiking trails, restaurants, school sporting events, etc.) and what was their response and behavior?

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Describe at least 3 successes regarding training, behavior, etc.:

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What Primary Cues is the dog best at? What Secondary Cues have they learned?

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Describe ongoing work regarding training, behavior, etc.:

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## Pre-IFT Socialization Checklist \*Select all that apply\*

<p><b>Surfaces</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dirt</li> <li><input type="checkbox"/> Grass</li> <li><input type="checkbox"/> Gravel</li> <li><input type="checkbox"/> Sand</li> <li><input type="checkbox"/> Tile</li> <li><input type="checkbox"/> Concrete</li> <li><input type="checkbox"/> Slippery Surfaces</li> <li><input type="checkbox"/> Puddles/Water</li> <li><input type="checkbox"/> Grates</li> </ul> <p><b>Animals</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Small animals</li> <li><input type="checkbox"/> Birds</li> <li><input type="checkbox"/> Cats</li> <li><input type="checkbox"/> Farm animals</li> <li><input type="checkbox"/> Large dogs</li> <li><input type="checkbox"/> Little dogs</li> </ul> <p><b>Places</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Office</li> <li><input type="checkbox"/> Cafeteria</li> <li><input type="checkbox"/> Trade Shops</li> <li><input type="checkbox"/> Elevators</li> </ul>	<p><b>Equipment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Collar</li> <li><input type="checkbox"/> Leash</li> <li><input type="checkbox"/> Crate</li> <li><input type="checkbox"/> Vest</li> <li><input type="checkbox"/> Head Halter</li> </ul> <p><b>Smells</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Human Foods</li> <li><input type="checkbox"/> Vehicle Exhaust</li> <li><input type="checkbox"/> Paint</li> <li><input type="checkbox"/> Rubbing Alcohol</li> </ul> <p><b>Things</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Traffic</li> <li><input type="checkbox"/> Full-Wall Mirrors</li> <li><input type="checkbox"/> Vacuum</li> <li><input type="checkbox"/> Stairs</li> <li><input type="checkbox"/> Balloons</li> <li><input type="checkbox"/> Umbrellas</li> <li><input type="checkbox"/> Children's toys that make noise and move</li> <li><input type="checkbox"/> Mobility Equipment</li> </ul>	<p><b>People</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Babies</li> <li><input type="checkbox"/> Toddlers</li> <li><input type="checkbox"/> Pre-Teens</li> <li><input type="checkbox"/> Teens</li> <li><input type="checkbox"/> Men</li> <li><input type="checkbox"/> Women</li> <li><input type="checkbox"/> People of all Races</li> <li><input type="checkbox"/> People Wearing Hats/Hoodies</li> <li><input type="checkbox"/> Police Officers</li> <li><input type="checkbox"/> Firefighters</li> <li><input type="checkbox"/> People with Wheelchairs</li> <li><input type="checkbox"/> People with Medical Equipment</li> <li><input type="checkbox"/> People in Costumes</li> </ul> <p><b>Sounds</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thunder</li> <li><input type="checkbox"/> Barking Dogs</li> <li><input type="checkbox"/> Diesel Engines</li> <li><input type="checkbox"/> Loudspeaker</li> <li><input type="checkbox"/> Music</li> </ul>
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