

Monthly Progress Report

Name _____ Date _____

Are you using flea/tick control? Yes No

Are you giving heartworm medication? Yes No

Are you using a Halti or Gentle Leader when walking your dog? Yes No

Does the puppy toilet on leash on command? Yes No On any surface? Yes No

The best experience my dog and I had this month was:

I was most proud of my dog and myself when we:

The hardest thing we did this month was:

Next month I hope we can:

Please check all that apply and how often the behaviors occur

✓	Behavior	Observed Once	Occasionally	Frequently
	Barking, Whining, growling			
	At Dogs			
	At People			
	In Crate			
	In Car			
	When bored/frustrated			
	Distracted			
	By People			
	By Dogs and other animals			
	By moving objects			
	By sounds			
	Excitable Greetings			
	Familiar person			
	Unfamiliar person			
	Dogs			
	Fearful/Nervous			
	Around People			
	Around Dogs			
	Around other animals			
	Loud or Sudden noise			
	Visual or moving objects			

	In Tight spaces			
	Handling			
	Resists restraining			
	Resists Cradling			
	Resists Nail clipping			
	Resists Brushing coat			
	Resist Brushing teeth			
	Resists putting on Halti			
	Resists putting on vest or leash			
	Jumping up			
	On People			
	On Counters			
	Leash Behaviors			
	Bites leash/holds in mouth			
	Pulls on Leash			
	Lags on leash			
	Bolts			
	Lunges toward distractions			
	Surfaces			
	Avoids slick floors			
	Avoids stairs			
	Avoids grates			
	Avoids elevators			