

Socialization Report



4 Paws for Ability Foster Homes

Dog's Name _____
Foster Family _____
Date _____
Location _____

Was the dog relaxed, friendly, & happy to be greeted by:

Form with three rows for Men, Women, and Children.

Was the dog nervous of:

Form with three rows for Men, Women, and Children.

Did the dog use proper manners?

Form with two rows for Yes and No.

Did the dog respond to obedience commands?

Form with five rows for Puppy, 25%, 50%, 75%, and 100%.

Did the dog seem happy, friendly, & enjoy this trip?

Form with two rows for Yes and No.

Did the dog have any potty accidents?

Form with two rows for Yes and No.

Did the dog jump on anyone?

Form with two rows for Yes and No.

Did the dog grab anything off the shelves?

Form with two rows for Yes and No.

Did the dog pull on the leash?

Form with two rows for Yes and No.

Was the dog nervous to get into the vehicle?

Form with two rows for Yes and No.

Was the dog startled or nervous of any sounds?

Form with two rows for Yes and No.

Explain:

Large empty box for explanation.

Was the dog nervous of anything they saw?

Form with two rows for Yes and No.

Explain:

Large empty box for explanation.

Did the dog encounter any other dog(s), if so were they:

Form with six rows for N/A, Nervous, Happy, Excited, Playful, Indifferent, Aggressive.

What dogs did this dog encounter?

Large empty box for answer.

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Was the dog exposed to any of the following?

<input type="checkbox"/>	People
<input type="checkbox"/>	Traffic
<input type="checkbox"/>	Doors
<input type="checkbox"/>	Floors
<input type="checkbox"/>	Shopping carts
<input type="checkbox"/>	Intercoms
<input type="checkbox"/>	Children
<input type="checkbox"/>	Strollers
<input type="checkbox"/>	Wheelchairs
<input type="checkbox"/>	Elevator
<input type="checkbox"/>	Steps

Comments

Was the dog nervous of any of the following?

<input type="checkbox"/>	People
<input type="checkbox"/>	Traffic
<input type="checkbox"/>	Doors
<input type="checkbox"/>	Floors
<input type="checkbox"/>	Shopping carts
<input type="checkbox"/>	Intercoms
<input type="checkbox"/>	Children
<input type="checkbox"/>	Strollers
<input type="checkbox"/>	Wheelchairs
<input type="checkbox"/>	Elevator
<input type="checkbox"/>	Steps

Are you having any problems or questions and would you like a 4 Paws Representative to contact you?

<input type="checkbox"/>	No-We're doing well
<input type="checkbox"/>	Yes-When you have time
<input type="checkbox"/>	Yes-Immediately

Was the dog comfortable in his harness (no scratching or rubbing)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No