

Puppy Home Visit      Students full name .....      DOB .../.../.....  
 Date : .... /.... /.....      Issue Type .....

	V3	Score	POSITIVE Please tick what student covers	AREAS TO CONSIDER Please note clearly
Lifestyle and general history gathered	5.1	..../7		
Relevant Issue Identified History of previously attempted remedies	2.2	..../12		
Training solution Correct use of : Operant conditioning, Classical conditioning MEB -P	5.2 5.3	..../16		
Management and Safety		..../9		
Solution explained and Justified POA developed & Explained	5.2 5.3 2.2	..../4		
Professional Approach	5.1 5.2 5.3	..../2		
<b>Total Pt's &amp; %</b> (Total x 2 = %)	..../50	....%	Signed by Assessor..... Cross-reference Assessor .....	