



## INTAKE FORM HOME DOG BOARDING

Period: \_\_\_\_\_  
Drop-off time: \_\_\_\_\_  
Pick-up time: \_\_\_\_\_

### DOG OWNER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Preferred contact method: ☐ Pawshake message ☐ mobile phone ☐ email ☐ text / WhatsApp

### DOG INFORMATION

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Sex: Male / Female  
Breed: \_\_\_\_\_

### MEDICAL INFORMATION & EMERGENCIES

Spayed or neutered: Y / N  
Vaccinated against: \_\_\_\_\_  
Preventive flea / tick treatment: Y / N – valid until: \_\_\_\_\_  
Medical conditions: \_\_\_\_\_  
Medication needs: \_\_\_\_\_  
Medical insurance: Y / N - insurance carrier: \_\_\_\_\_  
Preferred vet: \_\_\_\_\_  
Emergency vet: \_\_\_\_\_  
Emergency contact (not travelling with dog owner):  
1) \_\_\_\_\_  
2) \_\_\_\_\_

### FOOD INFORMATION

Feeding times: \_\_\_\_\_  
Food: \_\_\_\_\_  
Food intolerances: Y / N – if so: \_\_\_\_\_  
Chews and treats: \_\_\_\_\_

# Pawshake

## BEHAVIOUR & ROUTINE

General behaviour indoors: \_\_\_\_\_

House-trained: Y / N - needs to relieve him- or herself every \_\_\_\_\_ hours

Can be left alone: Y / N – for a maximum of \_\_\_\_\_ hours

Chews on objects or furniture: Y / N Stays in crate: Y / N

Is possessive of toys or food: Y / N – remarks: \_\_\_\_\_

Sleeps in the following room: \_\_\_\_\_ Own bed or crate provided: Y / N

Is allowed on the couch: Y / N Can go up and down stairs: Y / N

Barking indoors: ☐ not at all ☐ a little ☐ moderately ☐ a lot – in reaction to: \_\_\_\_\_

Going for walks: \_\_\_\_\_ times a day for \_\_\_\_\_ minutes – timing: \_\_\_\_\_

Pulls on the lead: Y / N Can be off lead in safe areas: Y / N

Walking equipment: ☐ collar ☐ harness ☐ long lead ☐ short lead ☐ dog whistle ☐ other: \_\_\_\_\_

Enjoys car rides: Y / N Travels in the car ☐ in the boot ☐ strapped in on the seat ☐ other: \_\_\_\_\_

Games to play: \_\_\_\_\_

Needs to be brushed: Y / N – frequency: \_\_\_\_\_ Instructions: \_\_\_\_\_

Needs to be bathed: Y / N – frequency: \_\_\_\_\_ How to dry: \_\_\_\_\_

Interaction with unfamiliar adults: \_\_\_\_\_

Interaction with children: \_\_\_\_\_

Interaction with unfamiliar dogs: \_\_\_\_\_

Encounters with small animals (cats, squirrels, etc.): \_\_\_\_\_

Is afraid of: \_\_\_\_\_

Handling tips: \_\_\_\_\_

## CUES

Dog knows the following verbal signals:

Come here: \_\_\_\_\_ Drop it: \_\_\_\_\_

Sit: \_\_\_\_\_ No/Leave it: \_\_\_\_\_

Down: \_\_\_\_\_ Walk at heel: \_\_\_\_\_

Stay/wait: \_\_\_\_\_ Others: \_\_\_\_\_

## REMARKS

Date: \_\_\_\_\_

Signature dog sitter: \_\_\_\_\_

Signature dog owner: \_\_\_\_\_



## INTAKE FORM HOME DOG BOARDING - ADDITIONAL DOG

### DOG INFORMATION

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Sex: Male / Female  
Breed: \_\_\_\_\_

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Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Sex: Male / Female  
Breed: \_\_\_\_\_

### MEDICAL INFORMATION & EMERGENCIES

Spayed or neutered: Y / N  
Vaccinated against: \_\_\_\_\_  
Preventive flea / tick treatment: Y / N – valid until: \_\_\_\_\_  
Medical conditions: \_\_\_\_\_  
Medication needs: \_\_\_\_\_  
Medical insurance: Y / N - insurance carrier: \_\_\_\_\_

### FOOD INFORMATION

Feeding times: \_\_\_\_\_  
Food: \_\_\_\_\_  
Food intolerances: Y / N – if so: \_\_\_\_\_  
Chews and treats: \_\_\_\_\_

### BEHAVIOUR & ROUTINE

General behaviour indoors: \_\_\_\_\_  
House-trained: Y / N - needs to relieve him- or herself every \_\_\_\_\_ hours  
Can be left alone: Y / N – for a maximum of \_\_\_\_\_ hours  
Chews on objects or furniture: Y / N      Stays in crate when left alone: Y / N  
Is possessive of toys or food: Y / N – remarks: \_\_\_\_\_  
Sleeps in the following room: \_\_\_\_\_      Own bed or crate provided: Y / N  
Is allowed on the couch: Y / N      Can go up and down stairs: Y / N  
Barking indoors: ☐ not at all ☐ a little ☐ moderately ☐ a lot – in reaction to: \_\_\_\_\_  
Going for walks: \_\_\_\_\_ times a day for \_\_\_\_\_ minutes – timing: \_\_\_\_\_  
Pulls on the lead: Y / N      Can be off lead in safe areas: Y / N

# Pawshake

Walking equipment: ☐ collar ☐ harness ☐ long lead ☐ short lead ☐ dog whistle ☐ other: \_\_\_\_\_

Enjoys car rides: Y / N Travels in the car ☐ in the boot ☐ strapped in on the seat ☐ other: \_\_\_\_\_

Games to play: \_\_\_\_\_

Needs to be brushed: Y / N – frequency: \_\_\_\_\_ Instructions: \_\_\_\_\_

Needs to be bathed: Y / N – frequency: \_\_\_\_\_ How to dry: \_\_\_\_\_

Interaction with unfamiliar adults: \_\_\_\_\_

Interaction with children: \_\_\_\_\_

Interaction with dogs: \_\_\_\_\_

Encounters with small animals (cats, squirrels, etc.): \_\_\_\_\_

Is afraid of: \_\_\_\_\_

Handling tips: \_\_\_\_\_

## CUES

Dog knows the following verbal signals:

Come here: _____	Drop it: _____
Sit: _____	No/Leave it: _____
Down: _____	Walk at heel: _____
Stay/wait: _____	Others: _____

## REMARKS

Date: \_\_\_\_\_

Signature dog sitter: \_\_\_\_\_

Signature dog owner: \_\_\_\_\_