

Pawshake

INTAKE FORM DOGGY DAY CARE

Dates: _____ recurring: Y / N - day(s) of the week: _____
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 (in case dog owner can't be reached):
1) _____
2) _____

DAY CARE ACTIVITIES

Needs: an active day a quiet day
Needs a walk: Y / N – duration/distance: _____
If walks are required: Pulls on the lead: Y / N
Can be off lead in safe areas: Y / N
Enjoys car rides: Y / N – travels in the car: in the boot strapped in on the seat other: _____
Walking equipment: collar harness long lead short lead dog whistle other:

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Games to play: _____

BEHAVIOUR

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
Is possessive of toys or food: Y / N – remarks: _____
Barking indoors: not at all a little moderately a lot – in reaction to: _____
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: _____
Sit: _____
Down: _____
Stay/wait: _____
Drop it: _____
No/Leave it: _____
Walk at heel: _____
Others: _____

REMARKS

Date: _____
Signature dog sitter: _____
Signature dog owner: _____

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INTAKE FORM DOGGY DAY CARE - ADDITIONAL DOG

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: _____

DAY CARE ACTIVITIES

Needs: an active day a quiet day
Needs a walk: Y / N – duration/distance: _____
If walks are required: Pulls on the lead: Y / N
Can be off lead in safe areas: Y / N
Enjoys car rides: Y / N – travels in the car: in the boot strapped in on the seat other: _____
Walking equipment: collar harness long lead short lead dog whistle other: _____
Games to play: _____

BEHAVIOUR

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
Is possessive of toys or food: Y / N – remarks: _____
Barking indoors: not at all a little moderately a lot – in reaction to: _____
Interaction with unfamiliar adults: _____
Interaction with children: _____
Interaction with dogs: _____
Encounters with small animals (cats, squirrels, etc.): _____
Is afraid of: _____
Handling tips: _____

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CUES

Dog knows the following verbal signals:

Come here: _____

Sit: _____

Down: _____

Stay/wait: _____

Drop it: _____

No/Leave it: _____

Walk at heel: _____

Others: _____

REMARKS

Date: _____

Signature dog sitter: _____

Signature dog owner: _____