



## 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: \_\_\_\_\_



## 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

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Dog knows the following verbal signals:

Come here:

\_\_\_\_\_

Sit:

\_\_\_\_\_

Down:

\_\_\_\_\_

Stay/wait:

\_\_\_\_\_

Drop it:

\_\_\_\_\_

No/Leave it:

\_\_\_\_\_

Walk at heel:

\_\_\_\_\_

Others:

\_\_\_\_\_

## REMARKS

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\_\_\_\_\_

Date:

\_\_\_\_\_

Signature dog sitter:

\_\_\_\_\_

Signature dog owner:

\_\_\_\_\_