



## INTAKE FORM HOUSE SITTING FOR DOGS

Period: \_\_\_\_\_  
Time of arrival: \_\_\_\_\_  
Time of departure: \_\_\_\_\_

### DOG OWNER INFORMATION

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

Preferred contact method: ☐ Pawshake message ☐ mobile phone ☐ email ☐ text / WhatsApp  
Access to the home: ☐ key ☐ security code: \_\_\_\_\_

### 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 contacts (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 when left alone: \_\_\_\_\_ Y / N

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

Sleeps in the following room: \_\_\_\_\_ Is not allowed in these areas: \_\_\_\_\_

Is allowed on the couch: \_\_\_\_\_ Y / N Is allowed on the bed: \_\_\_\_\_ 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: \_\_\_\_\_

When meeting unfamiliar adults: \_\_\_\_\_

When meeting children: \_\_\_\_\_

When meeting unfamiliar dogs: \_\_\_\_\_

When encountering 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Pawshake

## OTHER TASKS

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Emptying the letter box: Y / N

Taking out the bins: Y / N – timing: \_\_\_\_\_ Location: \_\_\_\_\_

Watering plants: Y / N – instructions: \_\_\_\_\_

Basic groceries on day of return: Y / N – what to get: \_\_\_\_\_

Other: \_\_\_\_\_

## LODGING ARRANGEMENTS FOR SITTER

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Where to sleep: \_\_\_\_\_

WiFi password: \_\_\_\_\_

Off-limits areas, if any: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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



## INTAKE FORM HOME DOG BOARDING - 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: \_\_\_\_\_  
Preferred vet: \_\_\_\_\_  
Emergency contact (not travelling with dog owner): \_\_\_\_\_

### 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: \_\_\_\_\_ Is not allowed in these areas: \_\_\_\_\_  
Is allowed on the couch: Y / N Is allowed on the bed: 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: \_\_\_\_\_

# Pawshake

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: \_\_\_\_\_



## KEY HANDOVER CONTRACT – PET OWNER’S COPY

Name of the pet owner: .....

Address: .....

Name of the sitter: .....

Period of the pet sitting assignment: from ..... until .....

The pet owner has received one set of keys from the pet sitter. The pet sitter will use these keys only for the purposes of the pet sitting assignment. He/she will not duplicate them or hand them over to a third party. In case of loss, he/she will immediately inform the pet owner.

The pet owner will hand the keys back to the pet sitter at the end of the pet sitting assignment in the following way:

☐ in person      ☐ by dropping them in the letter box      ☐ other: .....

Date and place .....

*Drawn up in duplicate, one copy for the pet owner and one for the pet sitter.*

Signature pet owner:  
.....

Signature pet sitter:  
.....



## KEY HANDOVER CONTRACT – PET SITTER’S COPY

Name of the pet owner: .....

Address: .....

Name of the sitter: .....

Period of the pet sitting assignment: from ..... until .....

The pet sitter has received one set of keys from the pet owner. The pet sitter will use these keys only for the purposes of the pet sitting assignment. He/she will not duplicate them or hand them over to a third party. In case of loss, he/she will immediately inform the pet owner.

The pet owner will hand the keys back to the pet sitter at the end of the pet sitting assignment in the following way:

☐ in person      ☐ by dropping them in the letter box      ☐ other: .....

Date and place .....

*Drawn up in duplicate, one copy for the pet owner and one for the pet sitter.*

Signature pet owner:  
.....

Signature pet sitter:  
.....