HOUNDS ON HOLIDAY
THE UNIQUE ALTERNATIVE TO KENNELS

Pet Schedule & Care Instructions for Your Dog's Stay

Dates of Stay: From _____ to _____
(Please ensure yout dates work with the 10.30 - 12.30 pick up/drop off window)

Dog's Name/Nickname: _____

Breed: _____

Age/D.O.B.: _____

Gender: ☐ Male ☐ Female

Spayed/Neutered: ☐ Yes ☐ No

Dewormed: ☐ Yes ☐ No

Microchipped: ☐ Yes ☐ No

Vaccinated: ☐ Yes ☐ No

Weight: _____ lbs/kg

Bathing: ☐ Likes ☐ Dislikes ☐ N/a

Brushing: ☐ Likes ☐ Dislikes ☐ N/a

Feeding Times:

☐ Morning: _____ a.m. ☐ Afternoon: _____ p.m. ☐ Evening: _____ p.m.

Meal Amounts:

☐ Morning: _____ ☐ Afternoon: _____ ☐ Evening: _____

Additional Details:

_____

Treats *(type/frequency)***:**

_____

Walk Times or Outdoor Schedule:

☐ Morning
☐ Afternoon
☐ Evening

Additional Details:

_____

Commands: *(This will help the family better communicate with your dog - also include positive language they understand, such as “good boy,” “gentle,” etc.)*

_____

_____

Leash Behavior:

☐ Calm
☐ Pulls
☐ Reactive

Additional Details:

_____

_____

Play Style/Preferences:

_____

Potty Routine:

☐ Fully housetrained
☐ Occasionally has accidents
☐ Requires scheduled potty breaks
☐ Only uses pee pads
☐ Incontinent *(wears dog diapers)*

Crate Used at Home? ☐ Yes ☐ No

If yes, when?

_____

Sociability with Other Dogs:

☐ Very social
☐ Selective
☐ Indifferent
☐ Dislikes

Additional Details:

_____

Sociability with Cats:

☐ Very social
☐ Indifferent
☐ Dislikes

Additional Details:

_____

Interaction with Other Animals *(livestock, birds, wildlife etc.)***:**

_____

Temperament with Adults/Children:

_____

Any Fear Triggers, Anxieties or Behavioural Issues *(storms, fireworks, loud noises, separation - how they react and how you respond to help them feel secure)**:***

_____

_____

Jump Fences? ☐ Yes ☐ No

Counter Surf or Chew Household Items? ☐ Yes ☐ No

If yes, explain:

_____

_____

Car Travel *(Enjoyment level/preferences - if they need to be crated/medicated)***:**

_____

Other Behaviour Notes *(Barking, guarding, escape habits)***:**

_____

_____

Vet Clinic Name, Address & Phone Number:

_____

Medical Conditions, Injuries, Allergies or Dietary Restrictions:

_____

_____

Medication Required During Stay? ☐ Yes ☐ No

If yes, details: _____

Please list all items being sent with your dog:

☐ Food ☐ Treats ☐ Bowls ☐ Crate ☐ Bed/Blanket ☐ Toys ☐ Medications ☐ Other:

_____
(Please include a checklist with your items if possible).

House Boundaries/Sleeping Preferences *(Describe where your pet is allowed or not allowed in the house - rooms, furniture, beds and where they typically sleep at night)***:**

_____

Other Routines or Special Instructions *(feeding, anxiety, mobility, etc.)***:**

_____

_____

Acknowledgment

In submitting this completed Pet Schedule form, I confirm that the information provided above is accurate and up to date. I understand this form will be shared with my dog's assigned Host Family to help ensure consistent, personalized care.

Please email this form info@houndsonholiday.ca together with the **Acknowledgment & Consent Form**, and include a **recent photo of your dog.**