Big Dog Sit & Stay – In-Home Pet Care Intake Form

Length of Stay

- Start Date & Start Time: _____
- End Date & End Time: _____

Service Type (check all that apply):

- ☐ Overnight Stay(s) in client's home ☐ Drop-In Visits ☐ Dog Walking
- Number of Visits Per Day (if applicable): ☐ 1 ☐ 2 ☐ 3 ☐ Other: _____
  - Time of day for each visit: 1 _____ 2 _____ 3 _____ Other _____
  - Length of each visit: ☐ 30 min ☐ 45 min ☐ 60 min ☐ Other: _____
- How will we access your home during scheduled visits? ☐ Key ☐ Door code ☐ Garage code ☐ Other
- Preferred Overnight Schedule / Expectations:
  _____
  _____
  _____

Owner Information

- Owner's Full Name: _____
- Phone Number: _____
- Email Address: _____
- Home Address (where care will take place): _____
  _____

Emergency Contact

- Name: _____
- Phone Number: _____
- Relationship to Owner: _____
- Authorized to Make Decisions for Dog: ☐ Yes ☐ No

Pet Information

- Pet's Name: _____ Breed: _____
- Age: _____ Weight: _____ lbs.
- Gender: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No
- Color/Markings: _____
- Microchipped: ☐ Yes ☐ No – Chip # (if known): _____

Veterinarian Information / Health & Medical

- Vet Clinic Name: _____
- Vet Phone Number: _____
- Address (optional): _____
- Is your dog up to date on vaccinations: ☐ Rabies ☐ DHPP ☐ Bordetella ☐ Other: _____
  (Please attach or bring a copy of vaccination records.)

- Is your dog currently on any medication: ☐ No ☐ Yes
  - Name of medication(s): _____
  - Dosage & schedule: _____
- Does your dog have any allergies or sensitivities: ☐ No ☐ Yes
  - If yes, please explain (food, treats, medications, environmental, etc.): _____
    _____
  - Any signs of a reaction we should watch for: _____
    _____

Feeding Instructions

- Brand and type of food: _____
- Amount per meal: _____
- Feeding times: ☐ AM ☐ Noon ☐ PM ☐ Other: _____
- Treats allowed: ☐ Yes ☐ No

Behavior & Temperament

- Is your dog friendly with:
  - Other dogs: ☐ Yes ☐ No ☐ Unsure
  - Strangers: ☐ Yes ☐ No ☐ Unsure
- Is your dog crate trained: ☐ Yes ☐ No
- Does your dog have separation anxiety: ☐ Yes ☐ No
- Any fears, triggers, or quirks (e.g., thunder, loud noises, fireworks, certain people): _____
  _____

Comfort & Routine

- Sleeping preferences: ☐ Crate ☐ Dog Bed ☐ Blanket ☐ Open Space ☐ Other: _____
- Favorite toys or comfort items: _____
- Daily routines or calming strategies we should know about: _____
  _____

Additional Services & Permissions

- Do you give permission for the following (check all that apply):
  - ☐ Walks in the neighborhood ☐ Off-leash play in secure areas ☐ Emergency medical treatment
  - ☐ Send photo/video updates via text during visits ☐ Use of photos/videos for social media
- Please list any additional instructions or concerns: _____
  _____

Owner Signature & Consent

I certify that the information provided above is accurate and complete. I authorize the Big Dog Sit & Stay to care for my pet and make decisions in case of emergency as outlined.

Signature: _____
Date: _____