



Intake Housesitting

Your Name: _____ Dog's Name: _____

Do you have access to phone/internet while away if any issues arise _____

Your Dog's Pertinent medical history:

Does your dog have any allergies or food restrictions? _____

Has your dog had any athletic injuries such as pulled muscles? _____

Has your dog had to make emergency trips to the vet in the last 6month? _____

Behavior / Illness

Is your dog on any **medications** or suffering from any illnesses or allergies? Yes / No

If yes, please describe: _____

Does your dog show any **behavioral issues** that we need to be aware of lie (shyness, sensitive to horses, cyclists, runners, separation anxiety, guarding objects...etc.)? Yes / No – If yes, please describe: _____

Has your pet ever snapped or bitten a person or another dog? Yes / No –If yes, please describe:

Do you allow Buddy to walk your dog off-leash in appropriate areas? Yes / No

Your dogs routine with you:

Typical feeding quantity and schedule: _____

Typical bathroom schedule or signals that your dog gives to go out: _____

Typical exercise schedule (time and duration and type of activity) _____

Is your dog crate trained and how much time does your dog spend inside the crate _____

Where does your dog rest or sleep? Do you have a bedtime routine? _____



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Please share your house rules (allowed on furniture, only in certain rooms, sleep on your bed, etc.) _____

Troublesome habits your dog might struggle with (e.g. chews socks, scratches doors, counter surfing) _____

Cues/ behaviors you have trained with your dog already (e.g. sit, stay, heel, etc) _____

Your House

Would you like us to take care of other regular obligations like watering plants or getting your post into the house? _____

Please share the WIFI information - network / password _____

Neighbors we could contact incase of emergency? _____

Are you leaving keys with us? _____

Garage Code: _____

Alarm Code: _____

Service Details: House Sitting \$130-200 / 24 hours

During the house sitting we will stay with your dog at your house. Your dog will at least participate in a 2 hour off leash adventure in the morning and will receive a 45min. afternoon walk. We will make sure that your dog receives adequate exercise and stimulation additional to the loving care. We feed your dog according to the provided schedule.

Dog Owner (print name): _____ **Signature:** _____ **Date:** _____

Thank you. Buddy's goal is to provide a fun and safe environment for your pet.