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## New Client Intake Form for Pet Sitters

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Client name/s:

Day Contact No:

Pawshake ID:

Night Contact No:

Address (if applicable):

Notes: (eg location of key, alarm code, other house or contact details)

Secondary contact (Neighbour, friend, family etc)

Name:

Phone:

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*Please use a different form for each pet.*

### Your Pet

Pet name:

Sex M / F

Desexed Y / N

Breed (if applicable):

Age:

### Medical Details

Vaccinated Y / N

Pet Insurance Y / N

On Medication Y / N

Regular Vet Ph:

Address:

Emergency Vet Ph:

Address:

Medical Notes:

**Regular Routine**

**Food** (Please cross out if not applicable)

Wet Food: \_\_\_\_\_

Dry Food: \_\_\_\_\_

Breakfast time:

Lunch time:

Dinner time:

Amount:

Amount:

Amount:

Notes: (including details of eating behaviours, water bowls, treats and medicines if applicable)

**Activity** (Please cross out if not applicable)

\_\_\_ walk/s required each day.

Morning Walk Y / N

Daytime Walk Y / N

Evening Walk Y / N

Walk behaviours (Please cross out if not applicable)

Pulls on lead

Tries to eat things

Safely walks/plays off lead in public

Safe near roads

Pays attention when called

Gets underfoot/in the way in public

Chases other animals

Jumps up on people

Can scare people

Barks

Good

with other dogs

Dislikes other dogs

Overly friendly with other dogs

Likes kids / dislikes kids

Likes men / Dislikes men

Likes women / Dislikes women

Other:

Commands/gestures known:

May be scared/startled by:

How to calm:

Other routine notes: (eg. Pee in back yard first thing, walk before breakfast, sleeps all morning, 30m of playing fetch in afternoon.)

**Toilet behaviours** (Please cross out if not applicable)

Must be let outside / Lets self outside through open door / open window / pet door

Goes to toilet outside \_\_\_ x daily

Uses litter box - Please clean \_\_\_ x daily and full change \_\_\_ x weekly

Pees outside

Pees inside

Poos outside

Poos inside

Other toilet notes: (eg is litter flushable, where to dispose of poos)

**Independence** (Please cross out if not applicable)

If left alone, does the pet :

Stress

Cry/Bark/Meow

Damage/eat/scratch things

Have inappropriate toilet behaviors

Can be safely left alone indoors for \_\_\_ hours with these conditions:

Can be left alone in fenced area for \_\_\_ hours with these conditions:

Can be left alone overnight with these conditions:

Other notes:

**Travelling** (Please cross out if not applicable)

Enjoys short car rides

Enjoys long car rides

Hates the car

Gets car sick

Travels in crate

Travels strapped in seat

Travels in back of wagon/ute

Travels in bicycle basket / carry case

Walks beside bicycle with lead / without lead

Notes: (eg best way to get in crate, do they require a person to sit with them)

*That's it!*

*Thanks for filling this form out, it helps ensure you, your pet and your pet sitter have the best possible Pawshake pet sitting experience.*