



Pet Care Instructions

Dog's Name: _____ Drop off date: _____ Pick up date: _____

Owner's Name: _____

Phone: _____ Email: _____

I would love updates from the minder during my dog's Sleepover Yes No

I would prefer updates to be sent by SMS Phone Email

Frequency of updates Daily Every other day Once a week

Feeding Routine	-Quantity -Times -Treats (if any)
Exercise Routine	-How often -Type of exercise Is off-leash ok? If yes, please fill in the off-leash form.
Health	Are there any concerns, or medications?
Likes	Favourite things. Techniques to help your dog settle.
Dislikes	Fears, phobias or annoyances.
Other Instructions	