



## 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	-Type of exercise -How often - Off-leash? If yes, please use the "off-leash waiver" form.
Health	Are there any concerns or medications?
Likes	Favourite things. Techniques to help your dog settle.
Dislikes	Fears, phobias or annoyances.
Other Instructions (Car Transport, Home Alone, etc)	