



Dog PAWS Pet Care

1205 67th Street, Kenosha, WI
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262.344.3002 Or 262.358-0811

~~~~ **Overnight Stay Form** ~~~~

**CLIENT INFORMATION:**

Client(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Additional phone numbers: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

**PET INFO**

MORNING ROUTINE FOR PETS

Feeding: \_\_\_\_\_

Outdoors - indicate where and for how long: \_\_\_\_\_

Other: \_\_\_\_\_

DAYTIME ROUTINE FOR PETS

Please list play activities or routines your pet should experience on a daily basis: \_\_\_\_\_

\_\_\_\_\_

List any obedience training or voice commands you would like us to practice with your pet while at our home:

\_\_\_\_\_

\_\_\_\_\_

PRE BEDTIME ROUTINE FOR PETS

Snacks - type and quantity: \_\_\_\_\_

Outdoors - indicate if you walk the dog or let them spend time in fenced yard, and for how long: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

SLEEP ROUTINE

Please indicate where pets sleep at night (check all that apply)

Confined to crate at night – Location of crate: \_\_\_\_\_

Confined at night (other than crate) – Location: \_\_\_\_\_

Pets sleeps in bed with family members

**FURNITURE**

Are pets allowed on furniture? YES NO

If yes, please indicate any restrictions: \_\_\_\_\_

Other: \_\_\_\_\_

**OTHER**

Please let us know if there is anything we should know about your pets that we should be aware of when having your pet over for an overnight stay in our home.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client

Date

Business

Date