Comprehensive Caregiver Guide

Beyond Sit, Stay & Heel
Connection over correction

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This comprehensive template is designed to ensure a seamless, force-free, and safe experience for your dog while you are away. Fill this out thoroughly to give your pet sitter or emergency caregiver all the insights they need to support your dog's physical, mental, and emotional well-being.
There is a bonus section at the end to support permanent long-term planning.

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1. Pet Profile & Basic Information

Oldest Pet	Details
Pet’s Name	
Date of Birth	
Breed	
Sex & Intact/or Not	
Weight & Distinguishing Markings	
Microchip Vendor & Registration Number	

Pet Profile & Basic Information

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Pet’s Name	
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Pet Profile & Basic Information

#	Details
Pet's Name	
Date of Birth	
Breed	
Sex & Intact/or Not	
Weight & Distinguishing Markings	
Microchip Vendor & Registration Number	

Pet Profile & Basic Information (#)

#	Details
Pet's Name	
Date of Birth	
Breed	
Sex & Intact/or Not	
Weight & Distinguishing Markings	
Microchip Vendor & Registration Number	

(Print as many of this page as needed)

Photos of each of your pets with names and dates taken:

2. Guardian & Contact Log

Primary Guardian Information	Trusted Backup Contact	Where We Will Be
Name: **Phone:** **Email:**	**Name** **Relationship:** **Phone:** **Email:**	**Destination:** **Dates Away:** **Best Contact Method:** **Timezone:**

3. Home Logistics & Access

- **Physical Address:** [Insert Home Address]
    -
- **Home Entry/Access Instructions:** [Key location, door code, lockbox combinations, or alarm codes]
    -
- **Wi-Fi Network Name & Password:** Network: [Network Name] | Password: [Password]
    -
    -
- **Waste & Trash Logistics:** [Trash pickup day, where bags go, where poop bags are disposed of]
    -

4. Walks & Activity Management

Category	Specific Routines & Preferences
Walk Schedule: [Times of day, typical length of walk, or preferred pacing]	
Preferred Walking Gear: [Specify approved force-free gear, e.g., Y-shaped harness, flat collar, 6ft leash.]	
Known Environmental Triggers: [List triggers: e.g., reactive to passing dogs on-leash, delivery trucks, loud noises, sudden movements]	
Management & De-escalation Strategy: [What to do if a trigger appears: e.g., perform a U-turn, scatter high-value treats on the ground, create physical distance]	
Common Cues,	

Category	Specific Routines & Preferences
Predictable Patterns & Cooperative Language: [List verbal cues or hand signs used, e.g., "Let's Go", "Touch", "Find it"]	

5. Diet & Enrichment

Meal/Enrichment Window	Portion, Presentation & Location Details
Morning Meal: [Time] — [Amount, food type, any warm water/toppers added]	
Midday / Afternoon: [Time] — [Snack, chew, or potty break details]	
Evening Meal: [Time] — [Amount, food type, location details]	
Sensory Enrichment & Decompression: [Provide details on mental engagement: e.g., snuffle mats, stuffed KONGs, lick mats, sensory exploration activities, or sniffaris]	
High-Value Treats: [Approved treats for walk management, positive reinforcement, or high-stress situations]	

6. Personality Profile: Likes, Dislikes & Behavior Needs

Things My Dog Thrives On (Likes & Comforts)[• e.g., Belly rubs, specific toy styles, soft music] • [Preferred sleeping arrangements: e.g., on the bed, in a specific crate, on a nesting bed] • [Calming protocols: e.g., continuous gentle strokes, interactive licking puzzles]	**Things That Stress My Dog (Dislikes & Fears)** • [e.g., Thunderstorms, fireworks, direct eye contact from strangers] • [Handling sensitivities: e.g., tail being touched, paws being wiped, collar grabs] • [Subtle stress signals to watch for: e.g., lip licking, yawning, whale eye, low tail set]

7. Medical History & Current Medications

Medication / Supplement	**Dosage** [e.g., 1 tablet, 5mg] [e.g., 1 scoop]	**Frequency / Timing** [e.g., Twice daily with food] [e.g., Once daily at breakfast]	**Administration Strategy** [e.g., Hidden in pill pocket or cream cheese] [e.g., Mixed thoroughly into wet food]
[Medication Name]			
[Medication/Supplement Name]			

Known Diagnoses / Allergies / Special Medical Needs:

[List any underlying medical conditions, physical limitations, or explicit food/environmental allergies here.]

8. Veterinary Details & Emergency Planning

Primary Veterinary Clinic	24/7 Nearest Emergency Veterinary Hospital
Clinic Name: **Primary Veterinarian:** **Phone Number:** **Address:** **Operating Hours:**	**Hospital Name:** **Phone Number:** **Address:** **Distance / Transit Time:**

9. Emergency Medical Authorization

TO WHOM IT MAY CONCERN / ATTENDING VETERINARIAN:

In the event that my dog, _____ *[Dog's Name]*, requires urgent veterinary assessment or treatment while under the care of my designated pet sitter, _____ *[Sitter's Name]*, and I cannot be reached immediately after reasonable efforts, I hereby grant permission to the pet sitter named above to transport my pet for medical care.

I authorize the attending veterinary medical professionals to perform necessary stabilization, diagnostic testing, and emergency life-saving procedures. My dog's physical well-being, comfort, and safety are paramount.

Maximum Pre-Authorized Financial Limit for Emergency Treatment:

$_____[Insert Amount]

(Leave blank or write "No Limit" if the clinic is authorized to perform any life-saving procedures necessary until you are reached.)

_____ _____

Guardian Signature **Date**

_____ _____

Caregiver Signature **Date**

I suggest printing and re-signing this page for each individual caregiving event.

10. "Where to Find It" Item Checklist

Essential Item	Specific Location In Home
Leash, Collar & Walking Gear: [e.g., Hanging on the hooks by the front door]	
Main Food & Extra Treats: [e.g., Pantry lower shelf in the airtight bin]	
Medications & Supplements: [e.g., Kitchen counter basket next to the microwave]	
Pet First Aid Kit: [e.g., Hallway linen closet, middle shelf]	
Crate, Travel Carrier, or Extra Bedding: [e.g., Setup in the living room corner]	
Grooming / Towels for Muddy Paws: [e.g., Basket directly inside the back mudroom door]	

Thank you for helping keep our beloved dogs safe, physically fulfilled, and emotionally secure!

— Your Happy Dog Coach

Bonus: Permanent Long-Term Guardianship & Legacy Plan

To be completed and stored alongside your Will or legal documents.

Before finalizing your permanent guardian, it is vital to have an open, honest conversation with them to ensure they are fully willing and equipped to take on this lifelong responsibility.

Did you formally discuss this with your Primary Guardian?

- ☐ Yes, they have confirmed agreement.
  Date Discussed: _____

Did you formally discuss this with your Alternate Guardian?

- ☐ Yes, they have confirmed the Guardianship Agreement.
  Date Discussed: _____

Key Topics Covered During Your Conversation:

- ☐ Daily routine, exercise, and behavioral needs (referencing this guide).
- ☐ Financial provisions and your estate plan.
- ☐ Their household dynamics (other pets, children, housing/lifestyle changes).

Important Annual Review Reminder: Circumstances change! Make a note to review and re-confirm this agreement with your chosen guardians at least once a year.

1. Designated Permanent Guardians - In the event that I am permanently unable to care for my dog(s) due to passing or severe, irreversible incapacity, I designate the following individuals to assume permanent legal ownership and guardianship:

	Primary Permanent Guardian:	**Alternate / Backup Permanent Guardian:**
Name Relationship		
Phone Number		
Email Address		
Residential Address		
Date of Guardianship Agreement / most recent confirmation of Guardianship Agreement		

2. Rescue / Legacy Organization Backup - If neither of the above designated individuals are able or willing to take custody at the time of transition, I authorize my estate executors to place my dog(s) with the following pre-arranged, force-free rescue organization or legacy program:

- ***Organization Name:*** _____
- ***Contact Person:*** _____
- ***Phone / Email:*** _____

3. Financial and Estate Provision

- **Stipend / Trust Allocation:** Funds have been designated within my estate / Will specifically allocated for the ongoing care, feeding, grooming, and veterinary needs of my dog(s): _____ .
- **Executor / Trustee Contact:**
    - Name: _____
    - Phone / Email: _____

4. Final Wishes & Quality Of Life Directives - End-of-Life Philosophy:
My dog(s) thrive on force-free, compassionate handling. Should decisions regarding chronic pain management or end-of-life care become necessary, my explicit wishes are:
(e.g., preference for specific veterinary palliative care, avoidance of heroic measures if quality of life is compromised, etc.)

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Guardian Signature: _____ Date: _____
Proposed Future Guardian Signature: _____ Date: _____
Proposed Future Guardian Signature: _____ Date: _____