

THE Complete Dog HANOVER



COMPANION TOOLS

Print the pages that fit your dog and your situation

HOW TO USE YOUR PRINTABLE RESOURCES

Everything here is designed to make your sitter's job easier
and help your dog feel safe and familiar.

Total printable pages: 14

Print with 0.5 cm margins (or use “Fit to page”).

Multi-page forms are labeled Page 1/2, 2/2, etc.

Before printing

- Print single-sided (especially for medication pages)
- Review each section and pre-fill anything the sitter shouldn't have to guess.
- Keep your printed set together with your logbook.

Meet My Dog (video guide)

This section is not meant to be printed.

Use the clickable buttons to upload your video and generate your QR code.

Then place the QR on the “Meet My Dog” page of your logbook.

List of printables included with your logbook

- Quick Care Sheet (1 page) → keep it visible (fridge, entry, sitter bag)
- Home Info (2 pages) → home rules, zones, access, safety
- Medication Authorization (2 pages) → if your dog has any treatment
- Daily Medication (2 pages) → Plan for owner • Log for sitter
- As-needed Medication (2 pages) → Plan for owner • Log for sitter
- Chronic Condition (4 pages) → Plan for owner • Log for sitter
- Additional owner notes (1 page)

MEET MY DOG (VIDEO) | QUICK SETUP GUIDE

Create one short video. Reuse it for every sitter.

A video helps the sitter understand your dog's usual pace, energy, and cues without guessing.

These pages are not meant to be printed.

It is an interactive guide with clickable links to help you record and share your Meet My Dog video.

STEP 1: RECORD YOUR VIDEO

1. Record how your dog walks and greets people.
2. A few basic cues (Sit, Wait, Come)
3. How they like to play or be approached

Show your way of giving cues. The sitter will match your tone and timing.

No editing. Normal light. Real life.

STEP 2: UPLOAD YOUR VIDEO

Choose one of these free options:

Option A: YouTube (recommended)

Click the button below

or go to: <https://youtube.com/upload>

Title: Meet [Dog's Name]

Set visibility to Unlisted

Publish and copy the link

Upload to YouTube Studio



MEET MY DOG (VIDEO) | QUICK SETUP GUIDE

Option B: Google Drive

Click the button below

or go to: <https://drive.google.com>

Upload your video → Right-click → Share

Set access to Anyone with the link → Viewer

Copy the link

Upload to Google Drive



Option C: Dropbox (or any other platform)

Click the button below

or go to: <https://www.dropbox.com/home>

Upload your video in to Dropbox

Upload to Dropbox



Make sure the link can be opened without logging in

Copy the link

STEP 3: CREATE YOUR QR CODE

Click the button below

or go to: <https://www.qrcode-monkey.com>

Open QR generator



Paste your video link

Download your QR Code (PNG or PDF)

STEP 4: ADD IT TO YOUR LOGBOOK

Print your QR (approx. 5 cm / 2 in).

Place it in the “MEET MY DOG” box on the Dog page (page 15).

PRIVACY

Your video stays in your own online account (YouTube, Drive, Dropbox, iCloud, etc.).

The QR code simply points to your link. Nothing is uploaded or saved by us.

This helps your sitter understand your dog faster, with less guesswork.

QUICK CARE SHEET | KEEP THIS VISIBLE

Essential info in one place for fast decisions. Perfect for fridges or sitter bags.

Dog's name: Owner's Phone:

Emergency contact (backup)

Vet clinic: Phone:

Allergies (food & meds)

Current medications

How to approach your dog (e.g. if anxious: move slowly)

Other important notes:

HOME INFO

ENTRY & SAFETY

Door / building code (if any):

Auto-lock door: Yes No

Main door closing behavior (slow / fast / needs to be held):

Alarm (if present) Arm / Disarm code:

Quick instructions:

Escape risks (balcony, yard, etc.):

DOG STATION (where to find essentials)

Leash / harness / collar:

Poop bags:

Towels / wipes (post-walk):

Treats / reward jar:

Bowls located:

Food stored:

Fridge items (if any):

Boots / coat (if used):

Feeding details: See the “Food” section in the logbook

ZONES & BOUNDARIES

Dog allowed in bedroom Dog allowed in all rooms

Dog must stay in these rooms only:

HOME INFO

FIRST AID / POTTY / CLEAN-UP

First-aid kit (tick remover, antiseptic):

Potty route / yard access:

Clean-up supplies (spray, paper, bags):

Trash / recycling location and pickup day:

VISITORS / DOOR ROUTINE

Doorbell reaction (barks / ignores / runs to door):

Deliveries or neighbors that trigger the dog:

NOTES

MEDICATION ADMINISTRATION AUTHORIZATION

This authorization covers all medications listed in the Medication Plan in this notebook.

Dog name: Owner name:

Sitter name: Valid from: to:

CHECK ONLY WHAT THE SITTER IS ALLOWED TO DO

<input type="checkbox"/> Oral meds	<input type="checkbox"/> Eye drops
<input type="checkbox"/> Liquid (oral syringe)	<input type="checkbox"/> Ear drops
<input type="checkbox"/> Topical / spot-on	<input type="checkbox"/> Injection: <input type="checkbox"/> Allowed <input type="checkbox"/> Not allowed

IF INJECTIONS ALLOWED

Injection site: Requires muzzle: Yes No

Technique notes (hold / comfort):
.....
.....
.....

IF INJECTIONS NOT ALLOWED

→ *In case a dose is due:*

<input type="checkbox"/> Contact vet clinic	<input type="checkbox"/> Bring dog to vet	<input type="checkbox"/> Owner will return to give meds
<input type="checkbox"/> Other:		

MEDICATION ADMINISTRATION AUTHORIZATION

DRUG ALLERGIES / NOTES

EMERGENCY CONTACTS

Vet clinic: Phone:

Owner reachable at:

Emergency transport consent: Yes No

If Yes, the sitter may transport the dog to the nearest vet in case of emergency.

SIGNATURES & AGREEMENT

The sitter agrees to follow the written medication plan and contact the owner or a veterinary professional if unsure.

Owner signature Date

Sitter signature Date

DAILY MEDICATION PLAN

To be completed by the owner

Treatment dates: _____

to _____

Med name	Purpose (e.g. pain relief, allergies, anxiety)	Storage / Temp	Dose (units)	Time(s) (am/pm)	With food?	How to give (e.g. Pill pocket / In cheese / Syringe)	If a dose is missed follow owner's instruction		
							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Give within ____ h
					<input type="checkbox"/>				<input type="checkbox"/> Skip
					<input type="checkbox"/>				<input type="checkbox"/> Call owner
					<input type="checkbox"/>				<input type="checkbox"/> Give within ____ h
					<input type="checkbox"/>				<input type="checkbox"/> Skip
					<input type="checkbox"/>				<input type="checkbox"/> Call owner
					<input type="checkbox"/>				<input type="checkbox"/> Give within ____ h
					<input type="checkbox"/>				<input type="checkbox"/> Skip
					<input type="checkbox"/>				<input type="checkbox"/> Call owner

DAILY MEDICATION LOG

To be completed by the sitter

Sitter name: _____

Dates of stay: _____ to _____

(e.g. 2025-04-03 | 7:30 AM | Omega-3 oil | 5 mL | Given | Ate breakfast normally, good energy)

Date	Time administered	Medication	Dose (units)	Status	Notes (e.g. ate well, slept more, vomited, low energy)
				<input type="checkbox"/> Given <input type="checkbox"/> Refused <input type="checkbox"/> Missed	<input type="checkbox"/> Owner notified
				<input type="checkbox"/> Given <input type="checkbox"/> Refused <input type="checkbox"/> Missed	<input type="checkbox"/> Owner notified
				<input type="checkbox"/> Given <input type="checkbox"/> Refused <input type="checkbox"/> Missed	<input type="checkbox"/> Owner notified
				<input type="checkbox"/> Given <input type="checkbox"/> Refused <input type="checkbox"/> Missed	<input type="checkbox"/> Owner notified

AS-NEEDED MEDICATION PLAN : ONLY IF SYMPTOMS OCCUR				To be completed by the owner			
Trigger (e.g. allergies, anxiety limping, vomiting...)	Medication & Dose (tablet, drops...)	How to give (e.g. hidden in food, with treats, calm tone...)	Repeat (max once every 24h) If unsure : DO NOT repeat	Aftercare / Monitor (e.g., breathing, pacing, rest, eating, disorientation...)	Who to contact after a dose		
				<input type="checkbox"/> Owner			
				<input type="checkbox"/> Vet			
				<input type="checkbox"/> Owner			
				<input type="checkbox"/> Vet			
				<input type="checkbox"/> Owner			
				<input type="checkbox"/> Vet			
				<input type="checkbox"/> Owner			
				<input type="checkbox"/> Vet			
Contact Owner:				Emergency vet clinic:			
Vet:							
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AS-NEEDED MEDICATION LOG To be completed by the sitter *If a dose is refused, notify the owner.*

Pet sitter name: _____ Stay dates: _____ to _____

(e.g. 2025-02-03 | 7:30 PM | Trazodone | 50 mg | given | Mild anxiety before walk. Calmer after 30 min)

Date	Time given	Med	Dose (units)	Status	Notes (e.g. ate well, slept more, vomited, low energy)
				<input type="checkbox"/> Given <input type="checkbox"/> Refused	<input type="checkbox"/> Owner notified
				<input type="checkbox"/> Given <input type="checkbox"/> Refused	<input type="checkbox"/> Owner notified
				<input type="checkbox"/> Given <input type="checkbox"/> Refused	<input type="checkbox"/> Owner notified
				<input type="checkbox"/> Given <input type="checkbox"/> Refused	<input type="checkbox"/> Owner notified

CHRONIC CONDITIONS PLAN | OWNER SECTION

For dogs under long-term treatment (e.g. diabetes, heart, epilepsy, arthritis).

Fill clearly so your sitter can follow the routine safely and calmly.

Dog name: Condition:

Vet / Clinic: Phone:

Emergency Clinic: Phone:

Owner Name: Phone:

IF SOMETHING GOES WRONG

If the dog refuses to eat: Skip dose Call owner Other:

Vomiting / weakness: Call vet Call owner Other:

Missed dose: Wait until the next scheduled dose Call owner Other:

Other Situation:

WHAT IS NORMAL FOR MY DOG

(e.g. Drinks often normal for him | walks slow mornings | mild limp on cold days)

OWNER SIGNATURE

I confirm the above information is accurate and authorize my sitter to follow this plan.

Signature: Date:

CHRONIC CONDITIONS PLAN

To be completed by the owner

(e.g. Insulin | 4u | twice daily at 7 AM / 7 PM | No : after meal | fridge | inject under skin, calm voice)

Medication	Dose (units)	Frequency / Time	With food ?	Storage	How to give / Notes
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fridge <input type="checkbox"/> Room	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fridge <input type="checkbox"/> Room	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fridge <input type="checkbox"/> Room	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fridge <input type="checkbox"/> Room	

CHRONIC CONDITIONS LOG

To be completed by the sitter

Owner fills the first line(s) with the routine. Sitter continues the log during care. Record each dose and how the dog feels.

(e.g. 2025.01.14) 7:30 AM | **normal appetite** | **Gabapentin 100 mg** | **Improved mobility after 20 min** | XX

CHRONIC CONDITIONS LOG

To be completed by the sitter

(e.g. 2025.01.14 | 7:30 AM | normal appetite | Gabapentin 100 mg | Improved mobility after 20 min | XX)

OWNER NOTES

Use this page for any additional details or personal instructions.