



Robinson Dogs Initial Intake Form

At Robinson Dogs, LLC, we tailor our services to fit your senior dog's personality and needs. Please share a little about your dog and the support you are seeking. This information will help us determine if our services are a good fit for your dog's needs and to prepare for your individualized consultation. This form should take between 5 and 8 minutes to complete.

About You

Your Full Name:

Preferred Name, if different:

Email address:

Phone Number:

Preferred Method of Contact:

☐ Phone ☐ Text ☐ Email

Preferred Time to be contacted:

☐ Morning ☐ Afternoon ☐ Evening

About Your Dog

Dog's Name:

Age or date of birth:

Breed or Breed Mix:

Sex

☐ Female ☐ Male

Is your dog:

☐ Spayed/Neutered ☐ Not Spayed/Neutered ☐ Prefer not to say

Approximate Weight:

How long has your dog been in your care?

About Your Location, Services and Schedule

Service Address or ZIP Code:

Generally, which services are you interested in?

Everyday Care & Wellness

- ☐ Wellness Check-In
- ☐ Essential Care Visit
- ☐ Extended Care Visit
- ☐ Gentle Grooming & Hygiene
- ☐ Mobility Assistance & Gentle Exercise
- ☐ Cognitive & Emotional Enrichment
- ☐ Comfort, Companionship & Social Engagement
- ☐ Environmental Safety & Comfort Assessment
- ☐ Exercise & Activity Support
- ☐ Comprehensive Care Visit (60-90+ minutes)

Medical & Recovery Support

- ☐ Medication Administration & Health Monitoring
- ☐ Chronic Condition Support
- ☐ Post-Surgical & Recovery Care
- ☐ Nutrition & Feeding Support

Advanced & End-of-Life Care

- ☐ Comfort-Focused Care
- ☐ Complex & Advanced Care
- ☐ Hospice & End-of-Life Comfort Care

Guardian Support

- ☐ Care Planning Consultation
- ☐ Care Coordination
- ☐ Caregiver Respite & Relief Visit
- ☐ New Diagnosis Support
- ☐ Quality-of-Life Monitoring
- ☐ Bereavement Support (Aftercare)

When are you hoping to begin services?

- ☐ As soon as possible
- ☐ Within the next week
- ☐ Within the next few weeks
- ☐ Within the next month
- ☐ Planning ahead
- ☐ Not sure

How often do you anticipate needing care?

- ☐ Occasionally
- ☐ Several times per week
- ☐ Overnight or extended care
- ☐ Not sure
- ☐ One or two times per week
- ☐ Daily
- ☐ During vacations and other events

Your Dog's Current Needs

Please tell us about your dog's current health, mobility, or age-related needs.

For example: arthritis, mobility limitations, heart or respiratory conditions, seizures, diabetes, vision or hearing loss, cognitive changes, medication needs, recovery from surgery, or other concerns.

Does your dog currently require medication or other routine health support?

☐ Yes ☐ No ☐ Not sure

If yes: please briefly describe the type of medication support needed (*do not list medications at this time*).

Your Dog's Mobility

How does your dog currently move around?

- ☐ Moves independently
- ☐ Walks slowly or tires easily
- ☐ Needs assistance with stairs
- ☐ Needs help standing, walking, or changing position
- ☐ Uses a mobility aid
- ☐ Has limited mobility
- ☐ Is unable to walk independently
- ☐ Other:

Does your dog need assistance with any of the following? *Select all that apply:*

- ☐ Getting up or lying down
- ☐ Walking
- ☐ Stairs
- ☐ Eating or drinking
- ☐ Going outside
- ☐ Toileting
- ☐ Maintaining balance
- ☐ Other:

Your Dog's Comfort and Safety

Your dog's wellbeing is our number one priority. We need to know about your senior dog's experience of pain, cognitive changes, fear, sensory loss, or discomfort that affects behavior.

How does your dog generally respond to new people?

- ☐ Friendly and comfortable
- ☐ Shy or reserved
- ☐ Anxious or fearful
- ☐ Protective or territorial
- ☐ Needs time to become comfortable
- ☐ Other:

Has your dog ever shown behavior that a caregiver should know about?

- ☐ Growling
- ☐ Snapping
- ☐ Biting
- ☐ Fearful behavior
- ☐ Resource guarding
- ☐ Sensitivity to touch or handling
- ☐ Reactivity toward people or animals
- ☐ None of the above
- ☐ Other:

Please describe any behavior, handling preferences, triggers, or approaches that help your dog feel safe and comfortable.

What Matters Most to You?

What are your greatest concerns or priorities for your dog at this time?

- ☐ Comfort
- ☐ Safety
- ☐ Maintaining a familiar routine
- ☐ Medication consistency
- ☐ Mobility and independence
- ☐ Cognitive support
- ☐ Emotional well-being and companionship
- ☐ Monitoring changes in health or quality of life
- ☐ Support during recovery
- ☐ Respite for the guardian
- ☐ Comfort-focused or end-of-life support
- ☐ Other:

What would you most like us to know about your dog?

Tell us about your dog's personality, favorite activities, routines, comforts, dislikes, or anything that would help us provide more individualized care.

Veterinary Information

Name of primary veterinary practice

Does your dog currently have a veterinarian overseeing their care?

☐ Yes ☐ No ☐ Not sure

How Did You Hear About Us?

- ☐ Veterinarian or veterinary practice
- ☐ Veterinary specialist
- ☐ Friend or family member
- ☐ Another pet-care professional
- ☐ Online search
- ☐ Social media
- ☐ Community organization
- ☐ Other:

Final Question

Is there anything else you would like us to know before we contact you?

Consent and Submission

- ☐ I understand that submitting this form is an inquiry and does not establish a caregiving relationship or guarantee service availability. I consent to Robinson Dogs contacting me regarding my inquiry.

Signature:

Date: