

# RUFFLY PURRFECT EXOTIC PET PROFILE

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Age \_\_\_\_\_ Male / Female \_\_\_\_\_

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Do you cover the cage at night? Yes No Do you leave a light on? Yes No

Leave a radio or TV on during the day? Yes No If yes which one and location: \_\_\_\_\_

Do you want us to let your pet out of the cage? Yes No

Do you supplement your pets diet with vitamins? Yes No Liquid or Powder? \_\_\_\_\_

Do you offer your pet fresh fruits or vegetables? Yes No

Do you offer treats? Yes No Do you use filtered or bottled water for drinking? \_\_\_\_\_

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

## HEALTH

Are there any known illnesses or problems? Yes No If so please describe: \_\_\_\_\_

Medicine regimes: \_\_\_\_\_

Exotic Vet: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Location of Travel Cage and First Aid Kit incase of emergency: \_\_\_\_\_

## PET CLEAN-UP

Cage is cleaned every \_\_\_\_\_ days. Specific cleaning and waste disposal instructions: \_\_\_\_\_

Cleaning products and location: \_\_\_\_\_

Do you line cage bottom with newspaper, corn cob litter or pine shavings? Yes No If yes which one? \_\_\_\_\_

Location and instructions: \_\_\_\_\_  
\_\_\_\_\_

Favorite toy and/or treats: \_\_\_\_\_

Favorite hiding place: \_\_\_\_\_

Personality quirks: \_\_\_\_\_

What might cause your pet to bite? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FISH

Specific instructions: \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_