

# RUFFLY PURRFECT PET PROFILE

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_  
Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Male / Female \_\_\_\_\_  
Birth date \_\_\_\_\_ Spayed / Neutered Yes No

## FEEDING INSTRUCTIONS:

Type and location of food: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Feeding times: \_\_\_\_\_  
Feeding instructions: \_\_\_\_\_  
Food treats/Restrictions: \_\_\_\_\_

## EXERCISE:

Yard only - Yes No Park Visits - Yes No Walks - Yes No Location: \_\_\_\_\_  
Leash & Poopie Bag locations: \_\_\_\_\_ Type of fence: Electric / Wood / Chain Link / None / Other  
Are there any Gaps or Holes in fence where pet(s) might escape? [Please be descriptive] \_\_\_\_\_

## PET CLEAN-UP:

Litter box location & instructions: \_\_\_\_\_  
Cleaning Supply location & instructions: \_\_\_\_\_

## LIKES & DISLIKES:

Reaction to children: \_\_\_\_\_ Strangers: \_\_\_\_\_ Other animals: \_\_\_\_\_  
Likes [i.e. - petted in certain spot]: \_\_\_\_\_  
Dislikes: \_\_\_\_\_  
What might cause your pet to bite? \_\_\_\_\_  
Quirks / Favorite hiding spots: \_\_\_\_\_

## HEALTH:

Does your pet require any medications? Yes No Type & Purpose: \_\_\_\_\_  
Quantity: \_\_\_\_\_ X's/day: \_\_\_\_\_ With Food? Yes No Doesn't Matter  
Does your pet have any medical problems? Yes No Description: \_\_\_\_\_  
Special instructions: \_\_\_\_\_  
Are your pet(s) currently on vaccinations? Yes No Rabies tags visible and on pet? Yes No  
If no, is it on file at vet Yes No Rabies tag # & year: \_\_\_\_\_  
Veterinarian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
If unable to reach your vet in the event of an emergency, may we use another? Yes No

Signed \_\_\_\_\_

Date \_\_\_\_\_