

# Le Pouf PET INTAKE FORM

Fax this completed form to 206-274-4673  
or scan and email to info@lepouf.com

<b>Client Name:</b>				
<b>Service Address:</b>				
<b>City:</b>	<b>State:</b>	<b>Zip:</b>		
<b>Cell 1:</b>	<b>Cell 2:</b>	<b>Work:</b>		
<b>Preferred Update Method:</b>	Email	Text	Photo Text	Phone

## NEW PET INFORMATION

<b>Pet Name:</b>	<b>Date:</b>		
<b>Pet Class (circle one):</b>	Dog	Cat	Other (specify):
<b>Pet Breed:</b>	<b>Sex:</b>	<b>Weight:</b>	
<b>Pet Physical Description:</b>	<b>Birthdate:</b> ____/____/____		
<b>Does the pet bite?</b>	Yes	No	<b>Personality/Disposition:</b>

## VACCINATIONS

<b>Dog Vaccinations (circle all that apply):</b>	* = required vaccination (boarding only)					
Distemper*	Parvo*	Para-canine Influenza*	Hepatitis	Leptospirosis	Corona	Rabies*
Bordatella						
<b>Cat Vaccinations (circle all that apply):</b>	*= required for cats with any outdoor access					
*Rabies	*FIV	*Feline Leukemia				

## VETERINARIAN INFORMATION

<b>Veterinary Clinic:</b>	<b>Doctor's Name:</b>
<b>Vet Phone:</b>	<b>Vet Address:</b>
<b>Vet ER Max \$:</b>	

## FEEDING & WATER INSTRUCTIONS

<b>Location of food and water bowls:</b>	
<b>Food brand, flavor:</b>	
<b>How many meals per day:</b> 1 2 3	<b>Quantity per meal:</b>
<b>Supplements:</b>	
<b>Supp. Dosage:</b>	<b>What time/meal:</b>
<b>Additional Feeding &amp; Watering Instructions:</b>	

## MEDICAL

Conditions/Sensitivities:

Med: Dosage: Time(s): Req'd: Y N

Med: Dosage: Time(s): Req'd: Y N

Administration method:

Emergency Contact Name:

Phone:

## ROUTINE

Time of first potty:	6-8am	8-10am	10-12pm		
Time of last potty:	6-8pm	8-10pm	10-12am		
Total # potty breaks/day:	2	3	4	5 or more	
Does pet usually potty on-leash:	Yes	No	If no, please describe:		
Usual Minutes of Exercise per day:	15	30	45	60	90 or more

Time of meal #1:	6-8am	8-10am	10-12pm
Time of meal #2:	4-6pm	6-8pm	8-10pm

Bedtime: Where does the pet sleep:  
Bedtime Routine:

## REMARKS/NOTES

Commands your pet knows:

Favorite game:

## OTHER