



Client's Name:  Pet's Name:

Phone:  Email:  Date:

Yes                      No

- 1. Has your kitten been eating well?  Yes       No
- 2. Is litterbox training/use going well??  Yes       No
- 3. Is your kitten's activity level normal?  Yes       No
- 4. Is your kitten sneezing or coughing?  Yes       No
- 5. Has there been any diarrhea or vomiting?  Yes       No
- 6. Do you know of any problems with any littermates?  Yes       No

7. What type of food/brand does your kitten eat and how often?

- 8. Has your kitten had any recent surgery?  Yes       No
- 9. Are there any flea or tick problems?  Yes       No

10. What flea/tick preventative are you using for your kitten?

- 11. Will your kitten be going outside as a grown cat?  Yes       No
- 12. Has there been any medical treatment or vaccines at another  
veterinary clinic, shelter, or breeder?  Yes       No

13. Has your kitten been tested for FELV/FIV?  Yes       No  
If so, when?

14. Does your kitten have a breeder guarantee?  Yes       No  
If so, is there anything you need from us today to complete the conditions of the guarantee?

15. List current MEDICATIONS and SUPPLEMENTS (including dosages, last time given, and refills needed).

16. Is there anything else we should know about your kitten's health?

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