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New Kitten Questionnaire and Risk Assessment Survey

Your name: _____ Kitten's name _____ Kitten's age: _____ Today's date: _____

Where did you get your new kitten? _____

How long have you had him/her? _____

Has your kitten been spayed, neutered or declawed? (circle, if appropriate) When? _____

Please list any known medical history including vaccinations and dewormings: _____

Please list the other pets in the household (dogs and cats), their names and ages: _____

What is your kitten eating and how often? _____

Please list any medications and supplements and when last given: _____

Please list any heartworm, flea or tick preventatives and when last given or applied: _____

Are you aware of any past vaccine reactions or allergies? Describe: _____

Has the kitten had any coughing, sneezing, vomiting or diarrhea? (circle if appropriate) Describe: _____

Does your kitten have any behavior or litter box problems? _____

Where does your kitten sleep? _____

Are there any small children or immunocompromized individuals in the household? _____

Will your kitten live indoors, outdoors or both? (circle)

Do you have any boarding plans for your kitten? _____

Have you seen any fleas or ticks on your kitten? _____

What does your kitten do for fun? _____

Do you have any specific concerns today? _____