

New Kitten Questionnaire
(To get to know your fur-baby better!)

Date: _____ Owner Name: _____ Patient Name: _____

1. **When did you get your new kitten and from where?**

2. **Any other pets in the household?**

3. **Is this your first time owning a cat? This breed?**

4. **What kind of food are you feeding your kitten? How much and how often? How is his/her appetite?**

5. **Please list the toys and treats you are giving to your kitten (include scratching posts).**

6. **Are you giving your kitten any medications or supplements (include heartworm, flea, or tick prevention)?**

7. **Is your kitten using the litter box appropriately? How many litter boxes do you have and where are they located in your house?**

8. **Will your kitten be indoor only, or go outside?**

9. **Are you planning on having your kitten spayed/neutered if not already?**

10. **How is your kitten adjusting to her/his new home?**

11. **Please list any concerns you would like to discuss with the veterinarian today.**
