



Kitten New Patient

Thank you for giving us the opportunity to care for your pet. Our Veterinarians and hospital staff are committed to the well-being of our patients and want our clients to be delighted with the care and information that you receive. To assist us in providing veterinary services that best meet your needs, please complete the following information.

Name of kitten: _____ Date of Birth: _____ Age: _____
Sex: Male Female Neutered or Spayed Still intact
Breed: _____ Colour: _____

Do you have any other pet(s) at home? Yes No
If yes, what type of pet(s)? _____
If no, is this the first time you have owned a cat? Yes No

Where did you acquire your kitten? Breeder Pet Store Animal Hospital
Humane Society Other _____

Do you have any health records outlining previous vaccinations/deworming etc? Yes No

Do you plan to let your kitten go outdoors? Yes No

Have you considered how to manage your kittens nails? Yes No

Do you plan to trim your kitten's nails? Yes No

Would you like an animal health professional to teach you how to trim your kitten's nails?
Yes No

Are you familiar with prevention products for fleas? Yes No

What flea prevention product do you plan to use? _____

Are there any particular behaviour or obedience concerns that you may have for your kitten?

Spraying Aggression Litter training Scratching

Other: _____

What diet (type/brand of food) are you currently feeding your kitten? _____

Dry(amount) _____ Canned(amount) _____ Both (amount) _____

Do you plan to give your kitten treats? Yes No If so, what type? _____

How would you describe your kitten's skin coat quality?

Dull/dandruffy Sheds a lot O.K. Excellent

My kitten's bowel movements are: Loose Hard Normal

Are there any issues or concerns regarding your pet that you would like to discuss?

Thank you for taking the time to complete this information about your kitten.