

Kitten Health Questionnaire

This form is available to download on our website www.elliottbayah.com

Please take the time to answer the following questions regarding your kitten.

What kind of food do you feed your kitten? _____

How much do you feed? _____

- | | | |
|--|-----|----|
| 1. Does your kitten have a microchip? | YES | NO |
| 2. Did you bring in a fecal sample today? | YES | NO |
| 3. Do you have pet insurance for your kitten?..... | YES | NO |
| 4. Are you planning on getting pet insurance for your kitten? | YES | NO |
| 5. Is your kitten: | | |
| • Having abnormal bowel movements?..... | YES | NO |
| • Itching, scratching, shaking head or chewing on skin? | YES | NO |
| • Sneezing or coughing? | YES | NO |
| • Having any eye or nasal discharge? | YES | NO |
| • Spayed/Neutered?..... | YES | NO |
| • If not, are you planning to spay/neuter?..... | YES | NO |
| 6. Do you have any questions regarding litter or litter boxes? | YES | NO |
| 7. Are you planning on providing home dental care (we recommend you do!)?..... | YES | NO |
| 8. Will you be trimming your kitten's nails at home? | YES | NO |
| 9. Is your kitten on: | | |
| • Any medications, supplements or human products? | YES | NO |
| • A monthly flea medication? | YES | NO |
| 10. Does your kitten go outside or do you have any plans on letting him/her go outside?..... | YES | NO |
| 11. Are there any other pets in the household?..... | YES | NO |
| 12. Do you have any travel plans with your kitten in the next 12 months? | YES | NO |
| 13. Are there any other questions or concerns you would like to discuss today? | YES | NO |
| 14. Do we have permission to post pictures of your kitten on our website or Facebook page?.. | YES | NO |

Date: _____ Name: _____ Pet's Name : _____