



Borash Veterinary Clinic
79 Prospect Street
Peabody, MA 01960
(978) 531-8713 ~ Fax (978) 532-1046
Web - borashvet.com ~ E-mail - info@borashvet.com

KITTEN QUESTIONNAIRE

Name: _____ Age: _____ Date: _____

| | |
|--|-----------------------------|
| Does your pet have any of the following? Circle all that may apply: Coughing / Sneezing / Vomiting / Diarrhea | |
| Have you owned a cat before? ____ YES ____ NO | |
| Do you have other pets at home? ____ YES ____ NO - If YES please list: | |
| Has your pet received any vaccinations? ____ YES ____ NO | |
| Are you familiar with heartworm prevention? ____ YES ____ NO / Have you started this already? | |
| Are you familiar with flea / tick prevention? ____ YES ____ NO / Have you started this already? | |
| Do you plan to spay / neuter your kitten? ____ YES ____ NO | |
| Does your pet have an identification tag on? ____ YES ____ NO | |
| Does your pet have a permanent microchip ID? ____ YES ____ NO | |
| What brand of food does your kitten eat? | Dry / Wet |
| How much do you give per feeding? | How often? |
| Which of the following applies to your kitten? | |
| <input type="checkbox"/> Exclusively indoors, never goes out, never has contact with other pets | |
| <input type="checkbox"/> Mostly indoors, occasional sneaks outdoors, OR seems curious about the outdoors | |
| <input type="checkbox"/> Indoors and outdoors, free to come and go as he/she pleases | |
| <input type="checkbox"/> Outdoors, access includes significant exposure to other cats and a wide range of outdoor environments | |
| How many litter boxes do you have? | Type of litter / substrate? |
| What type of exercise does your kitten enjoy? | |
| What kind of toys does your kitten enjoy? | |
| Is your kitten being destructive at home? | |
| What type of scratching post do you have for your kitten? | |
| What type of crate do you have to transport your kitten? | |
| How often do you do the following with your kitten? | |
| Travel in the car: ____ OFTEN ____ SOMETIMES ____ NEVER | |
| Brush out hair coat: ____ OFTEN ____ SOMETIMES ____ NEVER | |
| Check / clean teeth & ears: ____ OFTEN ____ SOMETIMES ____ NEVER | |
| Clip nails: ____ OFTEN ____ SOMETIMES ____ NEVER | |
| Do you have any particular questions for the Technician / Veterinarian today? | |