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Office Use Only:

Client #: _____
 Dr Seen: _____
 Records Requested: ☐ Yes ☐ No
 Date: _____ Initials: _____

NEW KITTEN HISTORY FORM

Date: _____	Pet's Name: _____
Owner's Name: _____	Breed: _____
Phone Number: _____	Color: _____
Email: _____	Date of Birth or Age: _____

Please answer each question, as applicable:	YES	NO
Do you have previous experience with kittens?		
Do you have any concerns with kitten training that you would like us to discuss?		
Is your pet litter-box trained?		
What type of litter are you using? (<i>i.e. clumping, non clumping, yesterday's news, etc</i>)? _____		
Does your pet have a cat scratcher?		
Does your pet have a vertically tall space to be able to go?		
What is your kitten's current diet? What brand and formula? Amount being fed? (<i>i.e.: 1 cup, three times daily</i>): _____		
Do you give any supplements?		
Does your pet have a tendency to chew on or eat any non-food items?		
Does your pet have any fears?		
Have you observed any coughing/sneezing?		
Do you have any other animals in the home?		
Do you have any children in the home?		
Does your pet go outside?		
Do you have a yard?		
Are you planning to have your pet go outside in the future?		
If your pet came from a breeder, do you have any documentation of parent's health? (<i>i.e.: OFA certification</i>)		

Will this pet be ☐ mostly indoors or ☐ mostly outdoors?

How many hours per day will this pet be alone on average? _____

How did you obtain this kitten? ☐ Breeder ☐ Shelter ☐ Craigslist ☐ Rescue ☐ Other: _____

What made you choose this kitten?: _____

Do you have any concerns you would like to discuss today? _____
