



Wellington Veterinary Clinic

Kitten Health Checklist

Pet's Name: _____ **Reason for Visit (circle one):**
Owned By: _____ **Health Exam** **Illness**
Breed: _____
Pet's Age: _____ **Today's Date:** _____

Where did you get your kitten? _____

Were the kittens and surroundings clean? _____

Are you litter box training your kitten? _____

Will the kitten be housed indoors, outdoors, or both? _____

Will children play in the same area the kitten is kept? _____

Do you have any other pets and if so, what kind? _____

What brand of food are you currently feeding your kitten? _____

How much and how often are you currently feeding your kitten? _____

Are you giving your kitten any supplements? If yes, what? _____

Has your kitten been micro-chipped? _____

Has your kitten received any vaccinations and if so, what and when? _____

Has your kitten been de-wormed? _____

Have you trimmed your kitten's nails? _____

Are your kitten's feces normal? _____

Have you noticed any vomiting or diarrhea? _____

Have you noticed any excessive scratching? _____

Have you noticed any excessive sneezing? _____

Do you plan to travel with your kitten in the next year? If yes, where? _____

Do you plan on boarding your kitten during the next year? _____

Are you planning on having your kitten neutered or spayed, and if so, when? _____

Is there anything else about your kitten we need to know? If yes, please explain. _____
