

NEW CAT QUESTIONNAIRE



Congratulations on your new cat!

LET'S COME TOGETHER TO START YOUR CAT OFF ON THE PATH TO GOOD HEALTH

Fill out this form if you have a new cat scheduled for a **FIRST VISIT** at our clinic

In order to make the most of your upcoming visit with our clinic, please tell us more about your new cat.

CAT NAME: _____ **AGE:** _____ **BREED:** _____

1. When did you bring your new cat home?

2. Where did you get your cat?

- Breeder Rescue
 Pet shop Other (please specify)

3. Did you meet your cat's mother?

- Yes No

4. How is your cat adjusting to living with you?

- Very well Not well
 We are getting there

5. If you have other pets, how well is your new cat getting along with them?

- Very well Not well
 They are getting used to each other

6. How does your new cat react when meeting new people?

- Friendly Shy and hides

FOR OWNERS OF KITTENS:

7. How is litter-training going?

- Very well Not well
 We are getting there

8. How does your cat respond to the sound of traffic, barking dogs or other noises?

- It does not bother my cat
 Cat appears scared or hides

9. How does your cat respond to being left home alone?

- No problem
 I have not tried leaving my cat yet

Date of last flea preventive/treatment (if known):

Date of last heartworm preventive (if known):

Date of last worm treatment/deworming (if known):

If your new cat has been vaccinated, please bring along your cat's vaccination records.

IF YOU HAVE ANY QUESTIONS BEFORE YOUR APPOINTMENT, CONTACT US AT:

Neighborhood Vet Clinic

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