



Kitty Introductions Questionnaire

General Information	
Name of Pet Parent: _____	
Address: _____	
Email Address: _____	Phone Number: _____
Kitty Patient's Name: _____	

NEW KITTY INFORMATION		
Name of new kitty: _____	Gender: _____	Age: _____
Breed/Mix: _____	Spayed/Neutered: _____	Declawed: _____
Adopted from: _____		Rehomed from: _____
When did you adopt your new kitty? _____		

RESIDING KITTY'S INFORMATION			
Name of kitty: _____	Gender: _____	Age: ____	Breed/Mix: _____
Name of kitty: _____	Gender: _____	Age: ____	Breed/Mix: _____
Name of kitty: _____	Gender: _____	Age: ____	Breed/Mix: _____
Does your new kitty have a safe place to themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain below:			
How long has your new kitty had their own safe place? _____			
When your new kitty was in their "safe place," behind closed doors, how did your other kitty respond?			
Did you keep the door closed for an extended period of time before introducing your new kitty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you use a baby gate at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Did you later gradually open the door and allow slow visual exposure between your kitties?

Yes No

How long did this process take?

Was there any:

Hissing: Minor Moderate Severe Extreme

Growling: Minor Moderate Severe Extreme

Fur up on back: Minor Moderate Severe Extreme

Fighting: Minor Moderate Severe Extreme

If there was a fight, was either kitty injured? Yes No

If yes, how bad was the injury?

After the fight, did you separate the kitties? Yes No

What did you do next?

Are your kitties rewarded when they remain calm in each other's presence? Yes No



Comments

Please list any other comments you may have:



424-570-9477

10866 Washington Boulevard #1227 Culver City, CA 90232

www.thekittyshrink.com

thekittyshrink@gmail.com

