Foster Kitten Data Form (SAMPLE)

Your Name: _____ Kitten Name and ID number: _____

Age on arrival (weeks, days): _____ Number of other kittens in foster? Mom Present?: _____

			Health Status						Treatment					Food eaten today				
Date	Weight (grams)	Fecal Score	Vomiting	Diarrhea	Runny nose	Runny eyes	Lethargic	Not eating	Doxycycline	Amoxicillin	Fortiflora	Eye Ointment	Other	Nursed on mom	Formula	Canned food	Dry food	Did not eat

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