Santa Barbara HUMANE

Foster Program Bottle Baby Health Monitoring Sheet

Animal ID/Name: _____ **Foster Parent:** _____

For each meal, track the time the meal was fed, how much the kitten consumed, add a BM if there was a bowel movement and/or U if the kitten urinated with stimulation.

Contact us with any questions 805-203-3181 or email foster@sbhumane.org.

SAMPLE:

Meal 1
12:30 am BM + U
6 ML

Date	Weight in Ounces	Meal 1	Meal 2	Meal 3	Meal 4	Meal 5	Meal 6	Meal 7	Meal 8	Other Notes/Observations