

FELINE HOUSE-SOILING

QUESTIONNAIRE ©

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1. Age _____ Sex _____ Neutered: Yes No
 2. Number of cats in house-hold _____
 3. Weight: _____ coat length: _____
 4. Approximate duration of house-soiling, ___ days, ___ weeks, ___ months, or ___ years?
 5. How often does your cat urinate out of the litter box _____?
 6. How often does your cat defecate out of the litter box _____?
 7. Describe any change in general behavior: _____
(Reclusive, lethargic, irritable, clingy, etc.)
 8. List any physical or medical problems: _____

 9. List medications (including flea and heartworm treatment): _____

 10. Urine _____, Stool _____, Both _____
 11. Urine posture: Squat _____, Stand _____, Both _____
 12. Position of urine: Horizontal _____, Vertical _____, Type of surface _____

 13. Volume of urine: Small _____, Average (normal bladder volume), _____ Large _____
 14. Location(s): Diagram on reverse side: _____

 15. Number of litter boxes: _____, recent change in number _____
 16. Type(s) of litter boxes and number of each type, e.g. open, covered, or automatic: _____

- Recent change in type of box _____
17. Size of litter boxes _____

18. Litter brand: _____ Litter type _____

Recent changes, if any _____

19. Is a litter liner used? _____

20. Is litter deodorizer used, if so what brand, what fragrance? _____

21. Frequency of litter maintenance: Scoop _____, Refresh litter _____
Empty and replace _____, Wash box _____

22. Cleaning solution used _____, fragrance of solution _____

23. Location(s) of boxes: Diagram on reverse side _____

Recent location change: _____?

24. Behavior associated with litter box (remote video HELPFUL). Check all that apply: Stands in box: _____, Squats in box: _____, Straddles box: _____, Meows _____, Shakes paws _____, Runs away quickly after _____, Scratches litter before urinations _____, Scratches litter after urination _____, Scratches litter before defecation _____, Scratches litter after defecation _____, Scratches other surfaces/objects _____, What surfaces/objects are scratched (list) _____

Other observations or details about litterbox behavior _____

25. Describe demeanor when approaching box e.g. relaxed, slow, cautious etc,

26. Describe demeanor when leaving box:

27. How serious is this problem: Severe _____, Moderate _____, Mild _____?

28. On a separate sheet of paper please draw a diagram of the floor plan of your house (including the different levels) indicating where the litterboxes, food bowls, water bowls, doors, windows, and sites of inappropriate elimination (urine/feces) are located.