



# Cat Elimination Issues Questionnaire

**Please fully complete this sheet. The information you provide helps us understand and best advise you on litter box issues.**

A#: \_\_\_\_\_

Date: \_\_\_\_\_

Cat's name: \_\_\_\_\_

How old is your cat: \_\_\_\_\_ Sex:  Male  Female Spayed/Neutered?  Yes  No

Is your cat declawed?  No  Front-only  All 4-paws If yes, at what age was declawing done? \_\_\_\_\_

Has your cat been prescribed a urinary diet?  Yes  No Name/brand of diet: \_\_\_\_\_

If yes, does your cat eat prescription food regularly?  Yes, always  Yes, with other food  No

1. When did the issue start? \_\_\_\_\_

2. What kind of accidents are happening outside of the litter box?

Urinating  Defecating  Both urination and defecation  Urine Marking (on vertical surfaces)

3. Depth of the litter?  1-2 inches  2-3 inches  3-4 inches  Greater than 4 inches

4. Type of litter used:  Clay Clumping  Crystals  Wood pellets  Other: \_\_\_\_\_

5. Do you use liners in the litter box(es)?  Yes  No

6. Please give the amount of each type of litter box in the house:

\_\_\_\_ Covered \_\_\_\_ Uncovered \_\_\_\_ Automatic \_\_\_\_ Other, please describe \_\_\_\_\_

7. How often do you SCOOP out the litter boxes?

Daily  Once a week  When I can't stand the smell  
 A few times per week  Every couple weeks  When cat stops using it

8. How often do you DUMP the litter boxes (empty out and replace litter material)?

Daily  Every couple weeks  Just add fresh litter as needed  
 A few times per week  Once a month  When I can't stand the smell  
 Once a week  Every couple of months  When cat stops using it

9. How often do you CLEAN/WASH OUT the litter boxes (wash it using water and/or cleaners)?

Daily  Every couple weeks  When I can't stand the smell  
 A few times per week  Once a month  When cat stops using it  
 Once a week  Every couple of months

10. What have you done to try and correct the litter box problem once it had started?

Added more litter boxes  Tried different litters  Taken cat to veterinarian  
 Punished cat for accidents  Other: \_\_\_\_\_

### If problem is urination ...

11. Has the cat been tested for a UTI (urinary tract infection)?  Yes  No

If yes, what was result? \_\_\_\_\_

12. Has the cat shown any of the following signs of illness (check all that apply)?

Frequent urination  Small amounts of urine  Blood in urine  Goes in front of owner  
 Meows when urinating  Other \_\_\_\_\_  None

### If problem is defecation ...

13. Has the cat been tested for parasites?  Yes  No

If yes, what was result? \_\_\_\_\_

14. Has the cat shown any of the following signs of illness (check all that apply)?

Blood in stool  Diarrhea  Constipation  Hard stools  Meows when defecating  
 Other \_\_\_\_\_  None

15. Are there other pets in or around the home?  No  Yes, please list

Type	Sex	Age	Sterilized	In Household or Outside	Describe Relationship with Cat
_____	M / F	_____	Y / N	Inside / Outside	<input type="checkbox"/> Friendly <input type="checkbox"/> Tolerates <input type="checkbox"/> Unfriendly
_____	M / F	_____	Y / N	Inside / Outside	<input type="checkbox"/> Friendly <input type="checkbox"/> Tolerates <input type="checkbox"/> Unfriendly
_____	M / F	_____	Y / N	Inside / Outside	<input type="checkbox"/> Friendly <input type="checkbox"/> Tolerates <input type="checkbox"/> Unfriendly
_____	M / F	_____	Y / N	Inside / Outside	<input type="checkbox"/> Friendly <input type="checkbox"/> Tolerates <input type="checkbox"/> Unfriendly

16. Are there children in the home?  No  Yes, ages: \_\_\_\_\_

If yes, please describe cat's reaction towards household children:  Friendly  Tolerates  Unfriendly

17. Has there been another cat in the home with litter box problems previous to this cat?

No  Yes, please describe: \_\_\_\_\_

18. Has there been any change in your household?  Recent move  Remodel/redecorate  New pet

Departing family member  New family member  Other \_\_\_\_\_  No

Please describe: \_\_\_\_\_

19. Where does your cat have access to? (check all that apply.)

First Floor  Second Floor  Basement  Attic  Garage  Outdoors

20. Where in the home are the litter boxes?

First floor  Second floor  Basement  Other \_\_\_\_\_

21. In which rooms are the litter boxes?

Bedroom  Family room/den  Laundry room  
 Living room  Home office  Unfinished Basement  
 Kitchen  Bathroom  Other \_\_\_\_\_

22. Where in the room(s) are the litter boxes located?

Near a wall  Out in the open  Other \_\_\_\_\_  
 In a corner  Behind furniture  
 Under furniture  In a closet

23. Are any of the following items near the litter box?

Cat's food  Scratching post  Sleeping spot  None of these

24. How frequent were these accidents?

Daily  Every couple weeks  A few times per year  
 A few times per week  About once a month  Once a year  
 About once a week  Every couple months  Other \_\_\_\_\_

25. When was the most recent accident?

Within the past 3 days  Within the past month  2-3 months ago  
 Within the past week  More than 1 month ago  Over 3 months ago

26. Are accidents (check all that apply):

Next to litter box  Same room as litter box  Same floor of the home as litter box  
 Different floor of the home  Near door/window  Other \_\_\_\_\_

27. What surface(s) do the accidents occur on? (check all that apply)

Carpet  Sink/shower/bathtub  Cat's bed or scratching pad/post  
 Wood floor  Chair/couch cushions or pillows  Other \_\_\_\_\_  
 Tile floor  Human's bed or clothing