

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



## Canine with History of House Soiling- PROFILE

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

Owner's Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Dog's Age: \_\_\_\_\_

Reason for Surrender:

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Time Owned:

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### History:

**1. What is the house soiling issue?**

- My dog urinates inside the house
- My dog defecates inside the house
- My dog urinates and defecates inside the house

**2. How long has your dog been urinating in the house for?**

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**3. How long has your dog been defecating in the house for?**

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**4. How often does your dog urinate in the appropriate area? (Outside, pee pad, other)**

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5. How often does your dog defecate in the appropriate area? (Outside, pee pad, other)

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6. Does your dog ever demonstrate separation anxiety? If yes, explain what behaviour occurs when he/she is left alone?

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7. How many hours a day is your dog left alone in the house?

- |  |  |
|--|--|
| <input type="checkbox"/> Never             | <input type="checkbox"/> 6-8 hours per day             |
| <input type="checkbox"/> 1-2 hours per day | <input type="checkbox"/> 8-10 hours per day            |
| <input type="checkbox"/> 2-4 hours per day | <input type="checkbox"/> Greater than 10 hours per day |
| <input type="checkbox"/> 4-6 hours per day |  |

8. Where is your dog kept when left alone in the house?

- |  |  |
|--|--|
| <input type="checkbox"/> In a crate        | <input type="checkbox"/> In the backyard |
| <input type="checkbox"/> In a room         | <input type="checkbox"/> In the garage   |
| <input type="checkbox"/> Free in the house |  |

9. What is the frequency in which your dog urinates inside the house?

- |   |   |
|---|---|
| <input type="checkbox"/> Every day- even when I am home to let my dog outside | <input type="checkbox"/> 2-3 times per week |
| <input type="checkbox"/> Every day- when left alone in the home               | <input type="checkbox"/> Once per week      |
| <input type="checkbox"/> Every 2 days   | <input type="checkbox"/> Other:             |

10. Does he/she always urinate in the same spot in the house? Explain where he/she urinates.

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11. Does he/she always defecate in the same spot in the house? Explain where he/she defecates.

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12. Does your dog tell you when he/she wants to be let out to urinate/defecate?

- Always                       Sometimes                       Never

13. When he/she does urinate inside the house is it large amounts of urine or small amounts?

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14. Does he/she strain when urinating?

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15. Does he/she strain when defecating?

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16. Does he/she seem to drink an excessive amount of water?

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17. What colour is your dog's urine when he/she urinates in the house?

- |                                      |                                |                                |
|--------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Yellow      | <input type="checkbox"/> Brown | <input type="checkbox"/> Pink  |
| <input type="checkbox"/> Dark yellow | <input type="checkbox"/> Red   | <input type="checkbox"/> Green |

18. How often is your dog taken outside to urinate/defecate?

- |                                     |  |                                       |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Never      | <input type="checkbox"/> Twice daily       | <input type="checkbox"/> Four or more |
| <input type="checkbox"/> Once daily | <input type="checkbox"/> Three times daily | times daily                           |

19. Have any of the following changes occurred in your dog's environment/routine before the house soiling started?  
(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Moving                    | <input type="checkbox"/> Loss of a family member in home             |
| <input type="checkbox"/> Renovations               | <input type="checkbox"/> Loss of a pet in home                       |
| <input type="checkbox"/> New animal in the home    | <input type="checkbox"/> Recent surgery/illness of owner restricting |
| <input type="checkbox"/> New family member in home | ability to take dog outside for bathroom                             |
| <input type="checkbox"/> Away for vacation         | breaks/walks   |

20. Have you seen your veterinarian regarding this issue? If yes, please explain what has been done with your veterinarian so far. (Examples: blood tests, x-rays, medications prescribed)

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21. Do you find your dog dribbles or "leaks" urine ever?

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**22. Do you have any other medical concerns regarding your dog?**

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**23. Is your dog currently on medication? If yes, explain which medication and what it is for.**

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**24. Please use the fecal scoring chart provided to give us an idea of what your dog's bowel movements look like on average. On average my dogs fecal score is: \_\_\_\_\_**

**25. What have you done so far to try to resolve this inappropriate house soiling issue? If you have tried training please explain the training method you used.**

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**26. Is there anything else you would like to tell us about your dog's house soiling issue?**

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