

A# _____



Cat with history of house soiling – PROFILE

Date: _____

Owner's Name: _____ Owner's Phone Number: _____

Owner's Email: _____

Cat's name: _____ Cat's Age: _____

Spayed/Neutered: Yes No Time owned: _____

History

1. What is the litter box issue?

- Urinates outside of the litter box
- Defecates outside of the litter box
- Urinates & defecates outside of the litter box

2. How long has the cat been urinating outside the box? _____

3. How long has the cat been defecating outside the box? _____

4. Does the cat ever use the litter box?

- Yes
- Sometimes
- No
- Everyday

5. How often does the cat urinate **outside** the litter box?

- Every day
- Every two days
- 2-3 times a week
- Once per week
- Other _____

6. How often does the cat defecate **outside** the litter box?

- Every day
- Every two days
- 2-3 times a week
- Once per week
- Other _____

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7. Is the urine on vertical or horizontal surfaces? (ie: is it urine or "spraying")

8. Does your cat frequently urinate in the same place outside of the litter box? If so, where?

9. **Where** does the cat **urinate** outside the box? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Clothing (including shoes, purses, bags) | <input type="checkbox"/> Appliances | <input type="checkbox"/> Floor (hard surfaces) |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Counters/tables | <input type="checkbox"/> Rugs/Carpets |
| <input type="checkbox"/> Beds | <input type="checkbox"/> Near windows | <input type="checkbox"/> Bathtub |
| <input type="checkbox"/> Beside litter box | <input type="checkbox"/> Near doors | |
| <input type="checkbox"/> Other: _____ | | |

10. **Where** does the cat **defecate** outside the box? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Clothing (including shoes, purses, bags) | <input type="checkbox"/> Appliances | <input type="checkbox"/> Floor (hard surfaces) |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Counters/tables | <input type="checkbox"/> Rugs/Carpets |
| <input type="checkbox"/> Beds | <input type="checkbox"/> Near windows | <input type="checkbox"/> Bathtub |
| <input type="checkbox"/> Beside litter box | <input type="checkbox"/> Near doors | |
| <input type="checkbox"/> Other: _____ | | |

11. Did any of the following changes occur in the cat's environment/routine **BEFORE** the house soiling issues started? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Away for vacation | <input type="checkbox"/> Loss of pet in home |
| <input type="checkbox"/> Renovations | <input type="checkbox"/> New family member in home | |
| <input type="checkbox"/> New animal in home | <input type="checkbox"/> Loss of family member in home | |

The Box

12. What type of box/substrate is used? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Box with hood | <input type="checkbox"/> Unscented litter | <input type="checkbox"/> Pine/yesterdays news |
| <input type="checkbox"/> Uncovered box | <input type="checkbox"/> Scented litter | <input type="checkbox"/> Auto cleaner |
| <input type="checkbox"/> Liner | <input type="checkbox"/> Corn/Wheat based | |
| <input type="checkbox"/> Other _____ | | |

13. How many litter boxes are in your home? _____

14. Where is the litter box kept? _____

15. Are the litter boxes kept side by side? _____

16. How often is the box scooped?

- | |
|---|
| <input type="checkbox"/> Every day |
| <input type="checkbox"/> 2-3 times per week |
| <input type="checkbox"/> Once per week |
| <input type="checkbox"/> Other _____ |

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17. How often is the litter box washed out?

- Every day
- Every other day
- 2-3 times per week
- Once per week
- Other _____

Other animals

18. How many cats in the house? _____

19. Is there any fighting or tension between the cats in the home? _____

20. How long have the cats been living together? _____

21. Are there any dogs in the household? _____

22. Do the cat and dog get along? _____

23. How long have the dog and cat been living together? _____

24. Does the dog have access to the cats litter box? _____

25. Have you noticed other cats on or near the property surrounding your home? _____

Medical

26. What tests have already been done at your own vet (for example: urinalysis, blood tests, x-rays)?

27. Did the vet prescribe any medication for the behaviour? _____

27a. If yes, what? _____

27b. For how long? _____

27c. Did it help? _____

27d. Is the cat currently on this medication? _____

28. Have you noticed any of the following since the issues started? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Frequent trips to the litter box | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Producing small amounts of urine | <input type="checkbox"/> Soft stool, somewhat formed |
| <input type="checkbox"/> Crying or vocalizing while urinating | <input type="checkbox"/> Very large stool |
| <input type="checkbox"/> Straining to urinate | <input type="checkbox"/> Very firm or hard stool |
| <input type="checkbox"/> Blood in urine | <input type="checkbox"/> Small & hard stool |
| <input type="checkbox"/> Large volumes of urine | |

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29. What have you used to clean the soiled areas?

30. What have you tried already to resolve this issue? (ex. Multiple boxes, punishment/correction, pheromones, etc)

31. Did any of these things help, make the problem worse?
