Elimination Problem Questionnaire

(Patient's Full Name)_________________________ Date_____________________

Please aid us in learning more about your kitty’s elimination problem by answering the
following questions (please note “LB” stands for litterbox):

What % of the time does s/he use LB for
  defecation?_______________________________
  urination?_______________________________

If not 100%, where is s/he
  defecating?_______________________________
  urinating?_______________________________

Is s/he (circle one):
  Spraying (standing position w/ urine landing on vertical surfaces)
  Squatting (sitting position w/ urine landing on horizontal surfaces)

Have other animals used these same spots for inappropriate eliminations in the past?_____   
Have you seen straining or meowing during defecation?_______________________________
  urination?_______________________________

Have you seen blood in stool or urine?_______________________________________________

When did you first notice a problem?_________________________________________________

How often, or how many times total has it occurred so far?______________________________

Have you drawn any associations with particular situations at home and this problem?_____   
If yes, please explain_______________________________________________________________

Is the problem confined to specific surfaces (e.g. smooth & hard like tile, linoleum, porcelain;
or soft & nubby like carpet, clothing, rugs or towels)?______________________________

Have you caught this kitty “in the act?”______________________________________________

Is s/he drinking more water than usual?______________________________________________

How many cats are in your household?________________________________________________

Do any of them go outside?________________________________________________________

How many LB's do you have?________________________________________________________

Has s/he had a negative experience (e.g. medicated, punished, or scared, etc.) near the LB?
_____________________________________________________________________________

Does s/he have easy access to LB at all times?__________________________________________

Is the LB in a noisy or busy location?________________________________________________
Does your cat feel safe in the LB?

Are any of LB's a type or shape other than standard rectangular?

What are the approx. dimensions of your LB's

If other size LB's, please note here

Which kind of litter do you use (circle all that apply):

- fine-grain clumping crystal
- coarse-grain clumping
- nonclumping-clay
- other

Is the litter scented?

How often do you scoop the LB's?

- clean all the LB's?

What is the approx. depth of litter typically in LB's?

Have you noticed if your cat scratches in the litter:

Before eliminating in LB After eliminating in LB

- More than a few seconds
- Less than a few seconds
- Not at all

Does s/he balance on the edge of the LB to eliminate?

Do you use anything other than soap and water to clean the LB's?

Did you recently change litter brands?

Did you recently move, remove, or otherwise physically modify the LB's?

Do the LB's have (circle all that apply)? Hoods automated mechanisms liners

Any new changes or stresses from your cat's point of view, such as (circle all that apply):

- new baby
- baby just became "mobile"
- pet added/ subtracted from home
- recent household move
- new schedule
- person added/ subtracted from home
- other

Have you tried Feliway for this problem?

Is your cat displaying other signs: appetite loss, weight loss, vomiting, diarrhea, listlessness, other

What do you feed your cat?

If medications are needed, do you have a preference (circle)? liquid or tablets

What are you using to clean the areas of inappropriate elimination?

Where are food and water bowls relative to LB's?

What have you done thus far to try to solve this problem?

Is there anything else you feel may be relevant to this problem?
We know this is a frustrating problem and we would like to try our best to help you solve it. Please take just a few more moments to draw a rough floorplan of your home below or on back of this page, especially indicating the layout and location of litterboxes (LB), food (F) & water (WB) bowls, areas of inappropriate elimination (U for urine or S for feces), doors (D) – esp. exterior, windows (W), and any other information you feel may be relevant.