

Feline Inappropriate Elimination Questionnaire

House soiling is one of the most frustrating and infuriating clinical sign that some cat owners may have to deal with at some point during lifetime of their feline companion. It is also one of the most challenging problems we deal with in feline medicine as veterinarians because it may result from so many different medical or behavioural causes. Often times, the answer is not something we will necessarily find on our physical exam but during our intense questioning before we even initiate the physical exam.

We apologize for the length of the questionnaire but filling this out as completely as possible before your appointment will help us speed up the process during your appointment. Please bring questionnaire with you to your appointment even if only partially completed.

Patient Information

Client full name:

Client primary phone number:

Cat's name:

Sex of the animal: *Please circle one (Female intact, Female spayed, Male intact, Male neutered)

My cat is declawed *Circle one (Yes, No)

My cat is: *Circle one (Strictly indoors, Indoor/Outdoor)

General Information

1. Is your cat's house soiling problem *Circle one (Urine, Stool, Both Urine & Stool)?
2. How long has house soiling been a problem?
3. How frequent were the episodes of house soiling when the problem first started?

4. How frequent are the episodes of house soiling currently?
5. How many cats live in the household?
6. Are there any other pets in the household?
7. What type of residence do you live in? *Circle one (Apartment, Single Storey House, Two Storey+ House)

Important Medical History

8. Has your cat been diagnosed with any of the following diseases below, check any that apply:
 - Arthritis or other painful disease of the muscles or bones
 - Diabetes (Mellitus or Insipidus)
 - Hyperthyroid
 - Kidney Disease
 - Liver Disease
 - Other

If selected OTHER (please specify). **Use back of sheet for extra space**

9. Is your cat currently on any medications? *Circle one (Yes/No)

If YES please specify. **Use back of sheet for extra space**

10. Have you noticed any changes in your cat's drinking amount? *Circle One (No change in drinking, Drinking less, Drinking more, I don't know)
11. Have you noticed any changes in urine volume or size of clumps if using clumping cat litter? *Circle one (Normal size clumps, Smaller size clumps, Larger size clumps, I don't know)
12. If your cat's inappropriate elimination involves URINE, please check off any of the following clinical signs that apply to your situation:
- Strains when urinating
 - Squats to urinate for a long time in the litter box
 - Squats to urinate for a long time and produces little to no urine in the litter box
 - Cries when urinating
 - Blood in the urine
 - Licks the genital area excessively
13. What is the approximate number of urinations per day?
14. If your cat's inappropriate elimination involves STOOL, check off any of the following that describes your cat's stool:
- Formed and log-shaped
 - Liquid
 - Pudding-like
 - Soft but almost formed
 - Intermittently formed and soft/liquid
 - Blood in the stool
 - Mucous in the stool
 - Stools are hard and dry

- Strains when defecating
- Cries when defecating

15. What is the approximate number of bowel movements per day?

House Soiling History

16. How often are you finding episodes of inappropriate elimination:

17. Where are you finding the inappropriate urination? *Circle one (On horizontal surfaces (ex. Floors), On vertical surfaces (ex. walls), On both horizontal and vertical surfaces)

18. The soiling is characterized by: *Circle one (Large accident, Small accidents, Small droplets of urine or scant pieces of stool)

19. Have you witnessed incidents of soiling? *Circle one (Yes, No)

If you have selected YES, please check off any that apply (Otherwise please skip):

- Sniffs target area, backs up to a vertical surface, hind-foot treading, tail upright and quivering, emits a stream of urine.
- Squats, then urinates or defecates with little or no tail quivering.
- Digs and paws around soiled area after urinating or defecating.
- Walks away or runs off without pawing around or sniffing soiled area.
- Other

If selected OTHER, please specify. **Use back of sheet for extra space**

20. Does kitty soil in the bathtub, shower or sink? *Circle one (Yes, No)

If YES, describe what you are finding or observing:

21. Is your cat still using the litter box? *Circle one (Yes – urine only, Yes – stool only, Yes – Urine and stools, No)

22. Does the soiling occur near a litter box? *Circle one (Yes, No)

23. How far from the litter box?

24. Does soiling occur near an outside door or window? *Circle one (Yes – urine only, Yes – stool only, Yes – urine and stool, No)

25. Are other outdoor animals (wild, neighbor's cats, strays) hanging around sometimes outside the door(s) or window (s)? *Circle one (Yes, No)

If YES, describe the circumstances:

26. Describe all the locations of soiling in the house, types of surfaces (ex. carpet, hard floor, etc.) or objects (ex. clothing, shoes, throw rugs, etc.), and frequency of use. If the object was removed, did the behaviour keep going or was it displaced? Be specific and detailed. **Use back of sheet for extra space**

27. Have there been any changes in the household? (Check all that apply)

- Introduction of a new pet
- Recent passing of another pet
- Recent visit to the veterinarian by offending cat or other cat(s) in the household
- Recent stay at a boarding facility
- Cat has recently been ill
- Cat has recently had a surgical procedure
- Family member came or left
- Somebody moved in
- Somebody moved out
- Recent event/celebration where other people were visiting the house
- Marriage
- Divorce
- Baby born
- House is for sale and you are showing your home or open house
- In the process of packing for a move (whole house or partial)
- Purchased new furniture
- Household/work schedule change
- Post-vacation or prolonged absence of a family member
- Other

If OTHER was selected, please specify *Use back of sheet for extra space*

28. Did the onset of soiling coincide with a change in a relationship with another cat, animal or person inside or outside the household? *Circle one (Yes, No)

If you answered YES, then please describe the situation:

29. Is there a seasonal character to the inappropriate elimination? *Circle one (Yes, in the Spring only, Yes, Summer only, Yes, Fall only, Yes, Winter only, No it happens anytime)

Litter Box Management

30. Number of cats in the household using litter boxes:

31. Number of litter boxes available to you cat(s):

32. Are any litter boxes near objects that create noise or move, such as washing machines, dishwashers, televisions, stored vacuum cleaners, chiming clocks, exercise equipment, etc.? *Circle one (Yes, No)

33. Please describe the location of each litter box in the household. **Use the back of the sheet for extra space**

34. Is the litter box in the near vicinity to any appliances, furnace, hot water tank, air conditioner, other? Please describe. ** Use the back of the sheet for extra space**

35. Eliminates outdoors? *Circle one (Yes, No)

36. My cat prefers: *Circle one (Using the indoor litter box, Eliminating outside, Uses both locations equally)

37. Do you have a dog? *Circle one (Yes, No)

If you have selected YES, please indicate the number of dogs, breed(s) and/or approximate weight(s):

38. Does your cat play with the dog(s) or have a positive relationship with the dog(s)? *Circle one (Yes, No)

39. Does the dog(s) have access to the litter box or the room the litter box is in? *Circle one (Yes, No)

40. Are any litter boxes near mirrors, windows, cat food dishes or cat water dishes? *Circle one (Yes, No)

41. Did you change the location of a litter box or boxes prior to or after the onset of the soiling? *Circle one (Yes, No)

If YES, please describe the change(s) in location and when did it occur?

****Please use the back of the sheet for extra space****

42. What type of litter is present in each litter box? (Different litter boxes may have different cat litter products). Please check off all that apply:

- Scented or deodorized clumping sand-type clay litter
- Unscented or non-deodorized clumping sand-type clay litter
- Scented or deodorized “gravelly” clay (non-clumping)
- Unscented or non-deodorized “gravelly” clay (non-clumping)
- Plant-based clumping litter (ex. corn, wheat, etc.)
- Paper pellets
- Wood pellets
- Plant-based pellets (ex. walnut, corn, etc.)
- Litter pearls or crystals
- Baking soda in litter or litter box
- Other cat litter

If OTHER was selected, please describe:

43. Is the litter box(es) treated with other commercial deodorizer or additive?
*Circle one (Yes, No)

44. Did you change the type of litter, add or stop baking soda or other commercial deodorizer prior to or after the onset of the soiling? *Circle one (Yes, No)

If YES, please describe the change and when it occurred prior to the incidence of inappropriate elimination. **Please use the back of the sheet for extra space**

45. Type of litter boxes being used:

- Uncovered
- Covered
- Large Plastic Storage Container (indicate dimensions)
- Automatic/self-cleaning
- Other:

If you have selected OTHER, please describe:

46. Did you recently change the type of litter boxes (ex. from an uncovered to a covered litter box) prior to or after onset of the soiling? *Circle one (Yes, No)

If you selected YES, then please describe what changes and when in contrast to when the problem started.

47. Please describe the size of each litter box:

48. Do any of the litter boxes have plastic liners? *Circle one (Yes, No)

49. How frequently are the litter boxes scooped out?

50. How often do you replace the soiled litter with fresh litter?

51. What cleansers or other products are used when cleaning the litter box(es)?

Problem Cat Litter Box Habits

52. If you have multiple litter boxes, does the problem cat prefer a certain one? If yes then describe the box and its location:

53. Which actions describe this cat's litter box routine? (Check all that apply)

- Gets in, digs, eliminates, turns and sniffs waste
- Covers urine
- Covers stool
- Leaves urine uncovered
- Leaves stool uncovered
- Stands in the litter box and urinates outside the litter box
- Sprays against the inside wall of a covered litter box

- Stands in the litter box and defecates outside the litter box
- Before or after eliminating in the litter box, digs and paws outside the litter box
- Cries before eliminating
- Seems anxious, cries, moves around the litter box before getting in
- When using the litter box, perches on the edge, digs minimally, shakes paws after leaving the box
- Other

If selecting OTHER, please describe:

54. Does problem cat use the litter box if in the presence of other animals and/or people? *Circle one (Yes, No)
55. Does kitty prefer solitude when using the litter box around other animals and/or people *Circle one (Yes, No)
56. Does kitty like to immediately use a freshly cleaned or scooped litter box? *Circle one (Yes, No)
57. What have you tried thus far to try and resolve the behaviour (other veterinary help, environmental changes, litter box changes, medications, diets, etc.) Please describe. **Please use the back of the sheet for extra space**