

Animal Inc. No _____ Staff Initials _____ Intake Date _____

Cat House Soiling Information Sheet

Please complete the following sheet to help us assess your cat's elimination problem. Answering each question is essential for us to properly evaluate your cat's needs. Thank you.

1. Type of accidents: Urination Defecation Both

2. Has this cat been seen by a veterinarian for this problem? Yes No

If yes, was the cat **diagnosed** with crystals, UTI or another urinary/GI tract health issue?

Yes No

If yes, please list the clinic name, or provide records _____

3. How long has the cat had accidents? _____

4. How often do the accidents occur? _____

5. Are other animals living inside the home? Yes No

If yes, please list the number of other animals: _____ Cats _____ Dogs _____ Others

If yes, how do you know it is this particular animal that is having the accidents? _____

If yes, what is the interaction like with other pets in the home (check all that apply)?

Friendly Ignores Aggressive Plays Always together Picked on by others

6. Did any of the following happen when the problems began (check all that apply)?

Moved Added new pets to home New type of litter box New type of litter

New person moved into home New baby Construction Work schedule changed

Owner began traveling Outdoor cats began hanging around the home Divorce

Other: _____

If you checked any of the above items, please note WHEN this occurred _____

7. Did any other household or lifestyle changes occur when the problems began? Yes No

If yes, please describe what/when _____

8. Is your cat declawed? Yes No

If yes, at what age was he/she declawed? _____

9 Who is the **primary** caretaker of this cat (feeds, waters, scoops boxes and plays with)? _____

10. What type of surface are the accidents on (check all that apply):

Clothing Flooring (type _____) Tub/Sink Bedding Furniture Other _____

11. Where do the accidents occur (check all that apply):

Right next to litter pan Behind furniture On wall Middle of room In corners

12. In what rooms do the accidents occur? _____

13. When do the accidents occur (check all that apply)?

At night During the day, while home When owners are at work/away Other: _____

14. How many litter pans are in the home? _____ Covered Uncovered Automatic

If there are multiple types, what is this cat's preferred type of box? _____

15. Where in the home is the litter pan kept? _____

16. Is it always accessible to the cat? Yes No

17. Is the litter pan located near the washer, dryer, dishwasher or other loud appliance? Yes No

18. What is the behavior of your cat while using the litter box (check all that apply)?

- Stands with all 4 paws in the box
- Stands with only back paws in the box
- Stands on the edge, tries not to touch litter
- Always covers urine/feces
- Rarely covers urine/feces
- Scratches at the wall, sides of box, or floor while covering
- Digs in litter furiously
- Always looking out for other cats (may run if they come near)
- Always urinates in one box and defecates in another

19. If urination is the problem, what are the shapes of the accidents?

- Round puddle on floor
- Long, thin area
- Sprays on wall

20. How often is litter scooped? _____

21. How often is the litter changed out completely? _____

22. What type of litter does your cat use currently? _____

23. Have you tried other litters? Yes No

If yes, what types? 1. _____ 2. _____ 3. _____

If yes, how long did you use them? 1. _____ 2. _____ 3. _____

If yes, did your cat use them? 1. _____ 2. _____ 3. _____

24. Do you use litter pan liners? Yes No

25. Is your cat ever confined when you are not home? Yes No

If yes, do accidents still occur during this time? Yes No

If yes, how does your cat act when confined? Wants out Doesn't care More relaxed

26. Have you tried moving the litter box to the place that accidents happen most often? Yes No

If yes, what was the result? Used the box Went right next to box Found a new spot in a different area Other: _____

27. What steps have been taken to resolve the problem (check all that apply)?

- Changed location of box
- Changed type of litter
- Additives to litter (baking soda, etc.)
- Confinement
- Put food dishes in accident area
- Punishment (specify: _____)
- Medication (specify: _____)
- Used Feliway in accident areas (spray or diffuser?)
- Covered accident area to make it undesirable (sticky tape, foil, nubby mats, etc)
- Changed type of litter box
- Cleaned box more frequently
- Added another litter box
- None
- Other: _____

What were the results? _____

28. What method/product was used to clean accident areas?

28. Do you have any additional comments about this cat's litter box behavior? _____
