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? __________