



Eau Claire

## ANIMAL HOSPITAL

2504 Mall Drive Eau Claire, WI 54701 835-5011

### Feline Inappropriate Elimination Questionnaire

Owner's name \_\_\_\_\_ Contact phone # \_\_\_\_\_

Please answer as many questions as you can as it pertains to your cat that is eliminating outside of its box.

1. Name \_\_\_\_\_ Age/birthdate \_\_\_\_\_  
M/F, spayed/neutered
2. Number of pets in house:
  - a. Cats \_\_\_\_\_
  - b. Dogs \_\_\_\_\_; do they have access to the litter boxes? Yes No
  - c. Others \_\_\_\_\_; please list \_\_\_\_\_
3. Does this cat go outside?
4. What is the cat's current weight \_\_\_\_\_, coat length \_\_\_\_\_?
5. How long has the inappropriate elimination been happening?
6. Does the cat:
  - a. Defecate in \_\_\_ out \_\_\_ of the box?
  - b. Urinate in \_\_\_ out \_\_\_ of the box?
7. Please describe this cat's general behavior. (reclusive, lethargic, scared, timid, irritable, clingy, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
8. Has there been any change in its behavior? \_\_\_\_\_
9. If aggressive, is the behavior directed toward any specific person, object, animal?  
\_\_\_\_\_  
\_\_\_\_\_
10. Please list any current and/or past physical and medical problems.  
\_\_\_\_\_  
\_\_\_\_\_

11. Please list all medications (over the counter, prescriptions, flea & tick preventatives) that your pet is currently on.

---

---

12. If your cat is urinating out of the box, please answer the following:

- a. How often is it urinating outside of the box? \_\_\_\_\_
- b. What is the cat's posture as it's urinating? Squat/stand?  
\_\_\_\_\_
- c. Is the urine on a vertical (wall, door) or horizontal (floor, bed) surface?  
\_\_\_\_\_
- d. What is the volume of urine? Small Average Large
- e. Location of inappropriate urination (either diagram or list; surface? room?)  
\_\_\_\_\_  
\_\_\_\_\_

13. If your cat is defecating out of the box, please answer the following:

- a. How often is the cat defecating out of the box?
- b. What is the size and consistency of the stool?
- c. Location of inappropriate defecation (either diagram or list; surface? room?)  
\_\_\_\_\_  
\_\_\_\_\_

14. Information on litter and litter boxes

- a. Number of boxes: \_\_\_\_\_
- b. Have you recently made a change in number of boxes, added or removed?  
When?  
\_\_\_\_\_  
\_\_\_\_\_
- c. Types of boxes, number of each (open, closed, auto)  
\_\_\_\_\_  
\_\_\_\_\_
- d. Size of boxes  
\_\_\_\_\_  
\_\_\_\_\_
- e. Do you use multiple brands of litter or stay with one brand? \_\_\_\_\_  
Please list brands \_\_\_\_\_
- f. What type of litter do you use? Scoopable Regular clay Wheat Paper Other  
\_\_\_\_\_
- g. How deep do you fill the box? \_\_\_\_\_ inches
- h. Recent changes?  
\_\_\_\_\_  
\_\_\_\_\_
- i. Do you use a liner? \_\_\_\_\_ Which brand? \_\_\_\_\_
- j. Do you use a deodorizer? \_\_\_\_\_ Which brand? \_\_\_\_\_
- k. How often do you scoop litter? \_\_\_\_\_
- l. How often do you add new litter? \_\_\_\_\_
- m. How often do you completely replace all litter? \_\_\_\_\_
- n. How often do you wash the box? \_\_\_\_\_

o. What cleaner do you use to what the box? \_\_\_\_\_  
15. Please diagram or list in detail the location(s) of boxes, including adjacent appliances and furniture. \_\_\_\_\_  
\_\_\_\_\_

16. Please answer the following questions about your cat's behavior while using the litter box. (Consider a *remote* video if possible) Please check all the following if seen:

- a. stands in box
- squats in box
- straddles box
- meows while in box
- shakes paws
- runs away quickly after
- scratches litter before urination
- scratches litter after urination
- scratches litter before defecation
- scratches litter after defecation
- scratches other surfaces/objects (i.e. Side of box, just outside of box, carpet) list other surfaces

b. describe behavior when approaching box: relaxed, slow, cautious, etc  
\_\_\_\_\_  
\_\_\_\_\_

c. describe behavior when leaving box  
\_\_\_\_\_  
\_\_\_\_\_

17. How serious is this problem to you?  
\_\_\_\_\_  
\_\_\_\_\_

18. What is the cat's current diet? (wet, dry, both) please include treats and people food and amount and frequency. \_\_\_\_\_

19. Is your home multi-level or ranch style? \_\_\_\_\_

20. In what order did this cat enter the household? (first, second, third, etc.) \_\_\_\_\_