



Inappropriate Elimination History
Please submit this form to drcori@felinebehaviorhousecalls.com

Cat's Name: _____ Date: _____
Your Name: _____ Phone: _____
Address: _____
Email: _____ Medical record submitted by your vet? Y/N

1. How did you hear about us? _____
2. Type of accidents: Urination Defecation Both
3. 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 _____
List any medications _____
4. How long has the cat had accidents? _____
5. How often do the accidents occur? _____
6. 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
7. Did any of the following happen before 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 travelling Outdoor cats began hanging around the home Divorce
 Other: _____

8. Did any other household or lifestyle changes occur when the problems began? Yes No
If yes, please describe _____
9. Is your cat declawed? Yes No
If yes, at what age was he/she declawed? _____
10. Describe the cat's personality (confident, aloof, nervous, friendly) _____
11. What type of surface are the accidents on (check all that apply):
 Clothing Flooring (type _____) Tub/sink Bedding Furniture Other _____
12. Where do the accidents occur (check all that apply):
 Right next to litter box Behind furniture On wall Middle of room In corners
13. In what rooms do the accidents occur? _____
14. When do the accidents occur (check all that apply):
 At night During the day, while home When owners are at work/away Other: _____
15. How many litter pans are in the home? _____ Covered Uncovered Automatic
If there are multiple types, what is the cat's preferred type of box? _____
16. Where in the home is the litter pan kept? _____
17. Is it always accessible to the cat? Yes No
18. Is the litter pan located near the washer, dryer, dishwasher or other loud appliance? Yes No
19. What is the behavior of your cat while using the litter box (check all that apply)?
 Stands with all four 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
20. If urination is the problem, what are the shapes of the accidents?
 Round puddle Long, thin stream Sprays on wall
21. How often is litter scooped? _____
22. How often is the litter changed out completely? _____
23. What type of litter does your cat use currently? _____
24. 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. _____

25. Do you use litter pan liners? Yes No

26. 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

27. 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 the box Found a new spot in a different area Other: _____

28. 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
- Other: _____