Cat's Name: _____ Date: _____

Inappropriate Elimination Information Survey

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 **<u>diagnosed</u>** 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: _____