



Kentwood Cat Clinic
3215 Breton Rd SE
Kentwood MI 49512
616-241-MEOW (6369)

House Soiling Questionnaire

Please fill in the blank or circle your answer

Pet's name: _____

Owner's name: _____

1. How old is your cat? _____ months / years

2. How many cats are in the house? _____
How many other pets and what kinds?

3. Is your cat: urinating defecating or both outside the box?

4. Stool is: Normal
 Small and hard
 Soft and watery
 Blood or mucus present
 Stool formed in part and then softer
 Other: _____

5. Urine has: Large volume
 Small volume
 Strong odor
 Sticky consistency
 Blood present
 Increase / decrease in frequency
 Is the cat straining? Yes No

6. Litter box information

a. How many boxes are in the house? _____

b. Are the boxes: hooded or open or automatic?

c. Where are the boxes located in the house? _____

d. Is the location: Busy Noisy Quiet Private

e. Type of litter: Clumping (fine)
 Clay (coarse)
 Special pellets
 Scented or unscented

f. Brand of litter: _____

g. Has there been a change in brand/type of litter?
No Yes Describe change _____

h. How often is the litter box scooped of feces and urine?
_____ per day / week / month

i. How often is there a complete change / cleaning of the litter box
_____ week / month

j. What type of cleaning products do you use to clean the litter box?

k. Do you use a plastic liner? Yes No

l. Who is responsible for scooping the litter pan?

m. Do you use a litter deodorizer? Yes No

What brand? _____

7. Location of accidents? _____

8. Type of material targeted?

carpet cement tile vinyl bathtub sink bedding

clothing other: _____

9. Is the cat targeting any vertical surfaces (backing up to a wall, chair, etc)?

No

Yes Describe: _____

10. Frequency of accidents: _____ day / week / month

11. How long as the problem been occurring?

_____ days / weeks / months / years

12. What have you been using to clean the affected areas?

13. Have you used any physical punishment (rubbing nose in accident, spanking, scolding, confinement, water gun)? (please circle) Yes No

14. Have there been any recent changes?

Move to new house

new baby

new pet

family member or pet absent

other: _____

15. Type of food? Canned: _____

Dry: _____

16. Does your cat get along well with:

other household pets?

Yes

No

Family members?

Yes

No

Visitors?

Yes

No

17. What is your behavioral change goal? What can you live with? _____

18. Is there anything else we should know? _____

19. Please draw picture (diagram) of your house. Mark the locations of the litterboxes and the locations of the accidents.