Inappropriate Elimination

How many pets are in the household? ____________________________

How many cats? ____________________________ How many litterboxes? ____________________________

Does the cat urinate or defecate outside of the litterbox? (circle one) YES / NO

How frequent does your cat go into the litterbox? ____________________________ (circle one) per day / per hour

How much time is spent in the litterbox each time? ____________________________

How many times does your cat urinate or defecate outside the litterbox? ____________________________

Have you noticed any blood or odd coloration in the urine? (circle one) YES / NO Feces? (circle one) YES / NO

What times of the day do the accidents occur? ____________________________

Are you at home at the time or away? ____________________________

Is your cat aggressive to other cats, animals or people? (circle one) YES / NO

If YES, please specify which: ____________________________

Where is your cat urinating? Floors ________ Furniture ________ Walls ________ High Surfaces ________

Is your cat reluctant to jump? (circle one) YES / NO

If YES, please explain: ____________________________

Is your cat vocalizing or taking a long time to urinate or defecate? (circle one) YES / NO

What type of vocalization? Howling ________ Growling ________ Meowing ________ Hissing ________

When does the vocalization occur in relation to going to the bathroom? ____________________________

Any changes in the environment? New pet, person, home, scents, etc.? (circle one) YES / NO

If YES, please explain:

____________________________________________________

____________________________________________________

Any additional concerns:

____________________________________________________

____________________________________________________