



## 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:  
\_\_\_\_\_  
\_\_\_\_\_