

## FELINE HOUSE-SOILING

### QUESTIONNAIRE ©

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1. Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered: Yes No
  2. Number of cats in house-hold \_\_\_\_\_
  3. Weight: \_\_\_\_\_ coat length: \_\_\_\_\_
  4. Approximate duration of house-soiling, \_\_\_ days, \_\_\_ weeks, \_\_\_ months, or \_\_\_ years?
  5. How often does your cat urinate out of the litter box \_\_\_\_\_ ?
  6. How often does your cat defecate out of the litter box \_\_\_\_\_ ?
  7. Describe any change in general behavior: \_\_\_\_\_  
(Reclusive, lethargic, irritable, clingy, etc.)
  8. List any physical, or medical problems: \_\_\_\_\_  
\_\_\_\_\_
  9. List medications (including flea and heartworm treatment): \_\_\_\_\_  
\_\_\_\_\_
  10. Urine \_\_\_\_\_, Stool \_\_\_\_\_, Both \_\_\_\_\_
  11. Urine posture: Squat \_\_\_\_\_, Stand \_\_\_\_\_, Both \_\_\_\_\_
  12. Position of urine: Horizontal \_\_\_\_\_, Vertical \_\_\_\_\_, Type of surface \_\_\_\_\_  
\_\_\_\_\_
  13. Volume of urine: Small \_\_\_\_\_, Average (normal bladder volume), \_\_\_\_\_ Large \_\_\_\_\_
  14. Location(s): Diagram on reverse side: \_\_\_\_\_  
\_\_\_\_\_
  15. Number of litter boxes: \_\_\_\_\_, Recent change in number \_\_\_\_\_
  16. Type(s) of litter boxes and number of each type, e.g. open, covered, automatic: \_\_\_\_\_  
\_\_\_\_\_
- Recent change in type of box \_\_\_\_\_

17. Size of litter boxes \_\_\_\_\_

18. Litter brand: \_\_\_\_\_ Litter type \_\_\_\_\_

Recent changes, if any \_\_\_\_\_

19. Is a litter liner used? \_\_\_\_\_

20. Is litter deodorizer used, if so what brand, what fragrance? \_\_\_\_\_

21. Frequency of litter maintenance: Scoop \_\_\_\_\_, Refresh litter \_\_\_\_\_  
Empty and replace \_\_\_\_\_, Wash \_\_\_\_\_

22. Cleaning solution used \_\_\_\_\_, fragrance of solution \_\_\_\_\_

23. Location(s) of boxes: Diagram on reverse side \_\_\_\_\_

Recent location change: \_\_\_\_\_?

24. Behavior associated with litter box (remote video HELPFUL). Check all that apply: Stands in box: \_\_\_\_\_, Squats in box: \_\_\_\_\_, Straddles box: \_\_\_\_\_, Meows \_\_\_\_\_, Shakes paws \_\_\_\_\_, Runs away quickly after \_\_\_\_\_, Scratches litter before urinations \_\_\_\_\_, Scratches litter after urination \_\_\_\_\_, Scratches litter before defecation \_\_\_\_\_, Scratches litter after defecation \_\_\_\_\_, Scratches other surfaces/objects \_\_\_\_\_, What surfaces/objects are scratched (list) \_\_\_\_\_

Other observations or details about litterbox behavior \_\_\_\_\_

25. Describe demeanor when approaching box e.g. relaxed, slow, cautious etc, \_\_\_\_\_

26. Describe demeanor when leaving box: \_\_\_\_\_

27. How serious is this problem: Severe \_\_\_\_\_, Moderate \_\_\_\_\_, Mild \_\_\_\_\_?

28. On a separate sheet of paper please draw a diagram of the floor plan of your house (including the different levels) indicating where the litterboxes, food bowls, water bowls, doors, windows, etc. are. Also try to indicate where the inappropriate elimination (urine/feces) is occurring in the house.

