



## Inappropriate Elimination Questionnaire

House soiling can occur for many reasons which makes it a very difficult problem for a cat owner to solve. The following questionnaire will be used to try to pinpoint some possible reasons for your cat's behavior. Please take the time to answer these questions as completely as you can although it's a lot of work, it will be less work than dealing with the problem of cleaning up after your cat time after time.

### General Information

Is your cat's house soiling problem urine \_\_\_\_ or stool \_\_\_\_?

If your cat is soiling both urine and stool, what percentage of the problem is urine? \_\_\_\_\_%

What percentage is stool? \_\_\_\_\_%

How long has house soiling been a problem? \_\_\_\_\_

Frequency of soiling when the problem started (ex. Once daily, once weekly, etc):

\_\_\_\_\_

Frequency of soiling at present time: \_\_\_\_\_

### Important Medical History

*Please check all those signs that are present:*

Does your cat display any of these urination patterns? (Check all that apply)

Strains when urinating \_\_\_\_\_

Crouches to urinate a long time in the litter box \_\_\_\_\_

Cries when urinating \_\_\_\_\_

Blood in the urine \_\_\_\_\_

Licks the genital area excessively \_\_\_\_\_

Approximate number of urinations per day: \_\_\_\_\_

Which of these describes your cat's bowel movements? (Check all that apply)

Stools are:

Formed and log-shaped \_\_\_\_\_  
Liquid \_\_\_\_\_  
Pudding-like \_\_\_\_\_  
Soft but almost formed \_\_\_\_\_  
Intermittently formed and soft/liquid \_\_\_\_\_  
Blood in the stool \_\_\_\_\_  
Mucous in the stool \_\_\_\_\_  
Stools are hard and dry \_\_\_\_\_  
Stools contain excess hair \_\_\_\_\_  
Strains when defecating \_\_\_\_\_  
Cries when defecating \_\_\_\_\_  
Stool clings to the rear end after defecating \_\_\_\_\_  
Approximate number of bowel movements per day: \_\_\_\_\_

## House Soiling History

If urine soiling is present, is it on:

Horizontal surfaces (ex. floors) \_\_\_\_\_ Vertical surfaces (ex. walls) \_\_\_\_\_

Both horizontal and vertical surfaces \_\_\_\_\_

If urine soiling is present, is the soiling characterized by large puddles \_\_\_\_\_ or small spots of urine \_\_\_\_\_

Have you witnessed incidents of soiling? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have witnessed soiling (urine & stool) incidents, which of these actions describes the behavior? (Check all that apply):

Sniffs target area, backs up to a vertical surface, hind-foot treading, tail upright and quivering, emits a stream of urine \_\_\_\_\_

Makes several abrupt treading movements with hind feet, slowly squats on a horizontal surface, tail quivering, urinates or defecates \_\_\_\_\_

Squats, then urinates or defecates with little or no tail quivering \_\_\_\_\_

Sniffs soiled area after urinating or defecating \_\_\_\_\_

Digs and paws around soiled area after urinating or defecating \_\_\_\_\_

Walks away or runs off without pawing around or sniffing soiled area \_\_\_\_\_

With the above actions in mind, describe the sequence of actions of kitty's typical soiling behavior: \_\_\_\_\_

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Does kitty soil in the bathtub, shower or sink? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, describe: \_\_\_\_\_

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Does the soiling occur near a litter box? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, urine \_\_\_\_\_ and/or stool \_\_\_\_\_?

How frequently does it occur? \_\_\_\_\_ How far from the litter box? \_\_\_\_\_

Does soiling occur near an outside door or window? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, urine \_\_\_\_\_ and/or stool \_\_\_\_\_? How frequently does it occur? \_\_\_\_\_

Are other animals sometimes present outside the door or window? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the circumstances: \_\_\_\_\_

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Describe all the locations of soiling in the house, types of surfaces (ex. carpet, hard floor, etc.) or objects (ex. clothing, shoes, throw rugs, etc.), and frequency of use. Be specific and detailed. \_\_\_\_\_

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A house/room map of your home would be helpful. The house/room map should indicate all locations of soiling, all litter boxes and any outside windows or doors near areas of soiling. (Use back of this page.)

Did a change coincide with the onset of soiling? (Check all that apply)

Another pet added or left \_\_\_\_\_

Another pet died \_\_\_\_\_

Kitty had an illness or surgery \_\_\_\_\_

Family member came or left \_\_\_\_\_

Marriage \_\_\_\_\_

Divorce \_\_\_\_\_

Baby born \_\_\_\_\_

Household move \_\_\_\_\_

Household schedule change \_\_\_\_\_

Post-vacation or prolonged absence of a family member \_\_\_\_\_

Other \_\_\_\_\_

Details of change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the onset of soiling coincide with a change in a relationship with another cat, animal or person inside or outside the household? Yes \_\_\_\_\_ No \_\_\_\_\_

Give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What day-to-day circumstances or stimuli do you associate with the soiling incidents? (Check all that apply)

Occurs while you're at work \_\_\_\_\_

Occurs during or following a person's prolonged absence such as a trip \_\_\_\_\_

Occurs when a neighborhood cat is hanging around outside \_\_\_\_\_

Occurs after a neighborhood cat enters through the cat door \_\_\_\_\_

Occurs following confrontation with another pet in the household \_\_\_\_\_

Occurs following fighting involving other household pets \_\_\_\_\_

Occurs following family strife \_\_\_\_\_

Other \_\_\_\_\_

Give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Litter Box Management

Number of cats in the household using litter boxes: \_\_\_\_\_

Number of indoor litter boxes available to you cat(s) \_\_\_\_\_

Eliminates outdoors? Yes \_\_\_\_\_ No \_\_\_\_\_ Eliminates in an indoor litter box and outdoors \_\_\_\_\_

If so,

Prefers an indoor litter box \_\_\_\_\_

Prefers outdoors \_\_\_\_\_

Uses both locations equally \_\_\_\_\_

Do you have a dog? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many? \_\_\_\_\_ Breed(s) and/or approximate weight(s) \_\_\_\_\_

\_\_\_\_\_

Does the dog(s) have access to the litter box or the room the litter box is in? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of litter boxes: First floor \_\_\_\_\_ Second floor \_\_\_\_\_ Third floor \_\_\_\_\_ Basement \_\_\_\_\_ Garage \_\_\_\_\_

Other living spaces \_\_\_\_\_

Give a location description of each litter box (ex. Litter box A: first floor laundry room; Litter box B: second floor den):

Litter box A \_\_\_\_\_

Litter box B \_\_\_\_\_

Litter box C \_\_\_\_\_

Litter box D \_\_\_\_\_

Other litter box locations: \_\_\_\_\_

\_\_\_\_\_

*In the following section, when the words "litter boxes" are followed by \*\* use the above alphabetical designations to answer questions for each litter box. Ex. Answer "A" for Litter box A in the first floor laundry room, "B" for litter box B in the second floor den.*

Are any litter boxes near objects that create noise or move, such as washing machines, dishwashers, televisions, stored vacuum cleaners, chiming clocks, exercise equipment, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate which litter boxes \*\* and describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any litter boxes near mirrors, windows, cat food dishes or cat water dishes? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, indicate which litter boxes \*\* and describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you change the location of a litter box or boxes prior to or after the onset of the soiling? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the change(s) in location, which litter box \*\* and when did it occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of litter material in each litter box \*\* (different litter boxes may have different cat litter products):

Scented or deodorized clumping sand-type clay litter \_\_\_\_\_

Unscented or non-deodorized clumping sand-type clay litter \_\_\_\_\_

Scented or deodorized "gravelly" clay (non-clumping) \_\_\_\_\_

Unscented or non-deodorized "gravelly" clay (non-clumping) \_\_\_\_\_

Plant-based clumping litter (ex. corn, wheat, etc.) \_\_\_\_\_

Paper pellets \_\_\_\_\_

Wood pellets \_\_\_\_\_

Other plant-based pellets (ex. walnut, corn, etc.) \_\_\_\_\_

Litter pearls or crystals \_\_\_\_\_

Other cat litter \_\_\_\_\_

If so, what kind of litter? \_\_\_\_\_

Commercial brands of litter products: \_\_\_\_\_

Baking soda in litter or litter box\*\*? \_\_\_\_\_

Litter box treated\*\* with other commercial deodorizer or additive? \_\_\_\_\_

If so, what brand? \_\_\_\_\_

Did you change the type of litter, add or stop baking soda or other commercial deodorizer prior to or after the onset of the soiling? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the change, which litter box\*\* and when it occurred: \_\_\_\_\_  
\_\_\_\_\_

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Type of litter boxes\*\*:

Uncovered: \_\_\_\_\_

Covered: \_\_\_\_\_

Large Plastic Storage Container (indicate dimensions): \_\_\_\_\_

Automatic/self-cleaning: \_\_\_\_\_

Other: \_\_\_\_\_

Did you change the type of litter boxes (ex. from an uncovered to a covered litter box) prior to \_\_\_\_\_ or after \_\_\_\_\_ onset of the soiling? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what change did you make, which litter boxes\*\* and when did you make the change?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Size of each litter box\*\*:

Jumbo/Large Plastic Storage Container (larger than extra large size) \_\_\_\_\_ Extra Large (22 x 18 x 6") \_\_\_\_\_

Large (18 x 15 x 5") \_\_\_\_\_ Medium (14 x 10 x 4") \_\_\_\_\_ Small (smaller than medium size) \_\_\_\_\_

Which litter box(es)\*\* have plastic liners? \_\_\_\_\_

Who regularly scoops the litter box(es)\*\* \_\_\_\_\_

If a child is responsible for scooping the litter box(es), how old is the child? \_\_\_\_\_

Frequency of scooping stool and urine from litter boxes\*\* (ex. once daily, twice weekly)

\_\_\_\_\_

How often do you replace the soiled litter with fresh litter \*\*? \_\_\_\_\_

\_\_\_\_\_

How often do you wash the litter box(es)\*\*? \_\_\_\_\_

\_\_\_\_\_

What cleansers or other products are used when cleaning the litter box(es)\*\*? \_\_\_\_\_

\_\_\_\_\_

Kitty's Litter Box Habits

Which litter box(es)\*\* does the cat prefer to use? \_\_\_\_\_

Which actions describe this cat's litter box routine? (Check all that apply)

Gets in, digs, eliminates, turns and sniffs waste \_\_\_\_\_

Covers urine \_\_\_\_\_

Covers stool \_\_\_\_\_

Leaves urine uncovered \_\_\_\_\_

Leaves stool uncovered \_\_\_\_\_

Stands in the litter box and urinates outside the litter box \_\_\_\_\_

Sprays against the inside wall of a covered litter box \_\_\_\_\_

Stands in the litter box and defecates outside the litter box \_\_\_\_\_

Before or after eliminating in the litter box, digs and paws outside the litter box \_\_\_\_\_

Cries before eliminating \_\_\_\_\_ If so, urine \_\_\_\_\_ and/or stool \_\_\_\_\_

Seems anxious, cries, moves around the litter box before getting in \_\_\_\_\_

When using the litter box, perches on the edge, digs minimally, shakes paws after leaving the box \_\_\_\_\_

Other details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has kitty varied whether it covers its urine or stool? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the variation and when it started: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you associate the variation with an event or change, such as the addition of another cat? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Does kitty use the litter box in the presence of other animals \_\_\_\_\_ and/or people \_\_\_\_\_, or does kitty prefer solitude when using the litter box around other animals \_\_\_\_\_ and/or people \_\_\_\_\_?

Does kitty like to immediately use a freshly cleaned or scooped litter box? Yes \_\_\_\_\_ No \_\_\_\_\_

And Finally...

Are you considering removing the problem cat from the household if the problem is not resolved?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the steps you have taken to correct the behavior. List all medications you have tried, their dosages and chronological use. Did these techniques and drugs help, hinder or have no effect on the problem? Which techniques and drugs helped the most? \_\_\_\_\_

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