



House Soiling 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: _____

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

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: _____

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. _____

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 _____
Lightweight, clumping sand type 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: _____

Depth of Litter _____

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)

Is scooped litter taken to outdoor trash or put in a litter locker, litter genie, or receptacle next to litter box?

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? _____
