

INNAPPROPRIATE ELIMINATION QUESTIONNAIRE

Client _____ Patient: _____ Date: _____

1. How many cats _____ dogs _____ in your household?
2. Does your cat go out doors? ☐ Yes ☐ No
3. What brand of cat food does your cat eat? _____ ☐ Dry ☐ Canned ☐ Mixed
4. Does your cat urinate out side of the litter box? ☐ Yes ☐ No
5. Does your cat defecate out side of the litter box? ☐ Yes ☐ No
6. When did this problem begin? _____
7. Is it always in the same location? ☐ Yes ☐ No. If yes, where

8. Does this cat get along well with your other pets? ☐ Yes ☐ No. If not, explain:

9. How many levels is your house? _____
10. Where is the litter box located?

11. How high is the side of the litter box? _____
12. Is the litter box hooded? ☐ Yes ☐ No
13. Are there other litter boxes in the house? If so, where

14. What brand of litter do you use?

15. What type of litter do you use? ☐ Scoopable ☐ Granular
16. Have you moved the litter box, or changed types of litter recently? If so, explain:

17. Does your cat strain while urinating? ☐ Yes ☐ No
18. Has your cat ever been treated for a urinary tract infection before? ☐ Yes ☐ No. If yes, please describe which Veterinary Hospital, and the nature of the treatment.

19. Are you using filtered or R/O water?

20. Has your cat had any diagnostic tests run to identify the cause of this condition? ☐ Yes ☐ No. If yes, what were they?

COMMENTS: _____
