



Kentwood Cat Clinic  
3215 Breton Rd SE  
Kentwood MI 49512  
616-241-MEOW (6369)

### Inappropriate Elimination Questionnaire

Please fill in the blank or circle your answer

Pet's name: \_\_\_\_\_

Owner's name: \_\_\_\_\_

1. How old is your cat? \_\_\_\_\_ months / years

2. How many cats are in the house? \_\_\_\_\_  
How many other pets and what kinds?  
\_\_\_\_\_

3. Is your cat: urinating   defecating   or   both   outside the box?

4. Stool is:   Normal  
                  Small and hard  
                  Soft and watery  
                  Blood or mucus present  
                  Stool formed in part and then softer  
                  Other: \_\_\_\_\_

5. Urine has:    Large volume  
                  Small volume  
                  Strong odor  
                  Sticky consistency  
                  Blood present  
                  Increase / decrease in frequency  
                  Is the cat straining?   Yes   No

6. Litter box information

a. How many boxes are in the house? \_\_\_\_\_

b. Are the boxes: hooded   or   open   or   automatic?

c. Where are the boxes located in the house? Please draw picture (diagram) of house with litter box locations on back of questionnaire.  
\_\_\_\_\_

d. Is the location:    Busy    Noisy    Quiet    Private

e. Type of litter:    Clumping (fine)  
                          Clay (course)  
                          Special pellets  
                          Scented or unscented

f. Brand of litter: \_\_\_\_\_

g. Has there been a change in brand/type of litter?

No            Yes    Describe change \_\_\_\_\_

h. How often is the litter box scooped of feces and urine?  
\_\_\_\_\_ per day / week / month

i. How often is there a complete change / cleaning of the litter box  
\_\_\_\_\_ week / month

j. What type of cleaning products do you use to clean the litter box?

\_\_\_\_\_

k. Do you use a plastic liner? Yes No

l. Who is responsible for scooping the litter pan?

\_\_\_\_\_

m. Do you use a litter deodorizer? Yes No

What brand? \_\_\_\_\_

7. Location of accidents? \_\_\_\_\_

8. Type of material targeted?

carpet cement tile vinyl bathtub sink bedding

clothing other: \_\_\_\_\_

9. Is the cat targeting any vertical surfaces (backing up to a wall, chair, etc)?

No

Yes Describe: \_\_\_\_\_

10. Frequency of accidents: \_\_\_\_\_ day / week / month

11. How long as the problem been occurring?

\_\_\_\_\_ days / weeks / months / years

12. What have you been using to clean the affected areas?

\_\_\_\_\_

13. Have you used any physical punishment (rubbing nose in accident, spanking, scolding, confinement, water gun)? Yes (please circle) No

14. Have there been any recent changes?

Move to new house

new baby

new pet

family member or pet absent

other: \_\_\_\_\_

15. Type of food? Canned: \_\_\_\_\_

Dry: \_\_\_\_\_

16. Does your cat get along well with:

other household pets?

Yes

No

Family members?

Yes

No

Visitors?

Yes

No

17. What is your behavioral change goal? What Can you live with? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_