

St. Louis Cat Clinic, Inc.
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INAPPROPRIATE URINATION QUESTIONNAIRE

Owners Name: _____ Cat's age: _____

Cat's Name: _____ Cat's sex: _____ Date: _____

Please help us gather background information about your cat. The information is critical to assess the problem. Please think carefully about your answers to insure accuracy. If you don't know the answer to a question, please don't guess - just write down that you don't know. This information is confidential.

1a) Have you seen your cat urinate out of the litter box-actually watched him/her do it: YES _____
NO _____

If you answered yes to the above, does your cat squat to urinate _____
or stand and back up to vertical surfaces _____.

b) Bowel movements outside the litter box: YES _____ NO _____ DON'T KNOW _____

c) What percent of the time does your cat urinate out of the litter box:

d) What percent of the time does your cat have bowel movements out of the litter box: _____

2. How many cats total are there in your household: _____

Please list the other cats by name and record the sex, age, and the dates that each cat entered the household:

Cat's Name Age Sex Month & Year Entered The Home

A)

B)

C)

D)

3. When did you first notice your cat urinating out side the litter box?

Month and Year: _____

4. How many litter boxes are in the house and where are they located specifically:

Litter Box Covered Box No cover on Box Location in House

A)

B)

C)

5a) What brand and type of cat litter do you use? _____

b) Is the litter scented: YES _____ NO _____ DON'T KNOW _____

c) Have you changed brands of litter within the time period when your cat began urinating outside of his/her box: YES _____ NO _____
(If yes then please provide dates of litter brand changes):

6a) How often do you clean out bowel movements from the litter box:

b) If you use clumping litter, how often do you clean the urine clumps out:

c) How often do you replace all of the litter in the box with completely new litter:

d) Do you wash the litter box before placing clean litter in it:

e) Do you use plastic cat box liners:

f) Do you use any other type of cat box liners:

7. Have you changed the location of the litter boxes: _____
Please give the dates the litter boxes were moved:

8. What is the approximate size of your litter boxes:

9. If you have more than one cat, does this cat seem to like or not like any of the other cats?
Please explain briefly:

10. Do you have any dogs in your household: YES _____ NO _____

If Yes, please fill out the following:

Dog's Name Age Sex Breed Date Obtained

A)

B)

C)

D)

11. If you have dog(s), how does your cat relate to the dog(s)? Explain briefly:

12. Please indicate the percent of time your cat spends inside the house and outside the house during a day: INSIDE_____ OUTSIDE_____

13. Does your cat make frequent trips to the litter box to urinate: YES_____ NO_____ DON'T KNOW_____

14. Does your cat urinate very small amounts of urine: YES_____ NO_____ DON'T KNOW_____

15. Does your cat urinate excessively large volumes of urine: YES_____ NO_____ DON'T KNOW_____. Is the litter box soaking wet in 24-48 hours:_____

16. Have you seen any blood in the urine: YES_____ NO_____ DON'T KNOW_____

17. Do you have any other pets besides cats and dogs? Please list them:

Pets Name Species Date Obtained

A)

B)

C)

D)

18. Have you moved households:_____. Please list dates of moves if yes:

19. Have there been any new people join the household within the past 2-3 years:_____. Please list persons and dates:

A)

B)

C)

D)

20. Have any people left the household in the past 2-3 years:_____. Please list persons and dates:

A)

B)

C)

21. Have you obtained new furniture in the past 2-3 years:_____. Please list dates and what was obtained:

22. Have you had carpet replaced or removed in the past 2-3 years:_____. Explain briefly and dates:

23. Have you had any construction done at your house in the past 2-3 years:_____. Explain briefly and dates:

24. Do outside cats roam around your house: YES_____ NO_____ DON'T KNOW_____

25. Has any traumatic event happened near the litter box or when your cat was in the litter box? (Example: Another cat in the household attacked this cat in the litter box, something fell on your cat while in the litter box.) YES_____ NO_____ DON'T KNOW_____ If yes, please explain:

26. Is there any time when your cat increases the frequency of urinating out of the litter box? (Example: After family comes for holiday, after a party at the house etc.): YES_____ NO_____ DON'T KNOW_____. If yes, please briefly explain:

27. Please draw a picture of your house/apartment plan. Ask for a ruler if you need one. Show all the rooms (approximate size), location of litter boxes, note flooring type in each room (ex.), carpet, wood, etc., and please note exact areas in red ink where cat is urinating.