St. Louis Cat Clinic 3460 Hampton Ave. St. Louis, MO 63139 314-832-2287 **Purrfect for Cats** www.stlouiscatclinic.com



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INAPPROPRIATE DEFECATION QUESTIONNAIRE

Owner's Name:				Date:						
Pati	ent's Name:							_ Age:	Sex: _	
prob	ase help us g blem. Think stion, don't g	carefully	about your	answers	to insure	accuracy	. If yo	u don't knov		
1.	A) What bra	nd of cat	food do you	u feed yo	ur cat?					
	B) Dry :	YES	NO							
	C) Can:	YES	NO							
2.	A) Have you	ı seen yo	ır cat have	bowel me	ovement	s out of th	e litter b	oox? YES	NO _	
	B) Does you	ır cat urin	ate outside	of the litt	er box?	YES	NO_			
	C) What per	cent of th	e time does	s your cat	have bo	wel move	ments o	out of the litt	er box?	
_	D) What per	cent of th	e time doe	s you cat	urinate c	out of the	litter box	</td <td></td> <td></td>		
3.	How many o	ats are th	ere in your	r househo	old?					
Plea	se list the ca	its by nan	ne and reco	ord the se	ex, age, a	nd the da	tes eac	h cat entere	d the hous	ehold.
		Cat's	Name		Month	& Year c	at enter	ed the home	e Age	Sex
1										
2										
3										
4										
5										

4. When	did you first r	notice your cat having bo	owel movements outside the litter box?
Month	n and YEAR _		
5. How ma	ıny litter boxes	are in the house and who	ere are they located specifically?
Litter Box	Covered	Non-Covered	Location in the house
1.			
2.			
3.			
6. A) What	brand and typ	e of cat litter do you use?	
B) Is the	litter scented	? YES NO [DON'T KNOW
		brands of litter within the ox? YES NO	time period when your cat began having bowel movements _ DON'T KNOW
I	If yes then plea	ase provide dates of litter	brand changes:
7. A) How	often do vou c	lean bowel movements fr	om the litter box?
,	,		
B) If you	use clumping	litter, how often do you c	lean the urine clumps from the litter box?
C) How	often do you re	eplace all of the litter in th	e box with completely new litter?
D) Do yo	ou wash the lit	ter box before placing cle	an litter in it?
5 \ 5			
E) Do yo	ou use plastic o	cat box liners?	
E) D			
F) Do yo	ou use any oth	er type of cat box liners?	
		e location of the litter boxene litter boxen	

10. If you have more than one cat, does this cat seem to lik	e or not like any of	the other	cats? YES	NO
Briefly explain:				
11. Do you have any dogs in your household? YES N	0			
If yes, please fill out the following information:				
	n & Year dog ed the home	Age	Sex	Breed
1				
2				
3				
4				
5				
12. If you have dog(s), how does your cat relate to the dog(s)? Briefly explain:				
13. Indicate the percentage of time your cat spends inside t INSIDE OUTSIDE			ouse during	a day.
14. Does your cat make frequent trips to the litter box to uri	nate? YES I	NO	DON'T KN	OW
15. Does your cat urinate very small amounts of urine? Ye	ES NO	DON'T KN	NOM	
16. Does your cat urinate excessively large volumes of urine? YES NO DON'T KNOW				
17. Have you seen any blood in the urine? YES NO	DON'T KNO	W		
18. Are your cat's bowel movements formed and normal co	nsistency? YES	_ NO	_ DON'T K	NOW

9. What is the approximate size of your litter boxes?

19. Does your cat have diarrhea? YES NO
How often?
How long does it last?
20. Are bowel movements excessively hard? YES NO DON'T KNOW
21. Are the bowel movements outside of the litter box formed or diarrhea?
22. How often does your cat have a bowel movement?
Once a day Twice a day Three or more daily I don't know
23. Do you have any other pets besides cats and dogs? Please list them:
Pet's Name Month & Year pet entered the home Species
1
2
3
4
5
24. Have you moved households? YES NO If yes, list the dates of moves.
ii yes, list the dates of moves.
25. Have there been any new people join the household within the past 2-3 years? YES NO
If yes list the persons and the dates they moved in.
Person's Name Date moved in
1
2
3

26. Have an	y people left the house	ehold in the past 2-3 ye	ears? YES	NO
If yes, lis	t the persons and date	es.		
		Person's Name		Date moved out
	1			
	2			
	3			
	u obtained new furnitu It dates and what obtai		? YES NO _	
	ou had carpets replaced priefly and give dates:	d or removed in the pa	st 2-3 years? YE	S NO
	ou had any construction briefly and give dates		n the past 2-3 yea	ars?
	ide cats roam around y our cat strain for long po			N'T KNOW acuating a bowel movement?
YES	NO DON'T KNOW			
(Example		ousehold attacked this		nt was in the litter box? ox, something fell on your cat while
If yes, br	iefly explain:			

33.	Is there any time when your cat increases the frequency of having bowel movements out of the litter box? (Example: After family comes for the holidays, after a party at the house, etc.) YES NO DON'T KNOW
	If yes, briefly explain:

34. Please draw a picture of your house/apartment floor plan. Ask for a ruler if you need one.

Draw all the rooms (approximate size), location of litter boxes, and note flooring type in each room (wood, carpet, vinyl, etc.). After you have the floor plan drawn; go back and using red ink, note the exact areas where the cat is defecating.