

St. Louis Cat Clinic
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Purrfect for Cats
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INAPPROPRIATE URINATION QUESTIONNAIRE

Owner's Name: _____ **Date:** _____

Patient's Name: _____ **Age:** _____ **Sex:** _____

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.

1. A) 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	Month & Year cat entered the home	Age	Sex
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

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

Month and Year: _____

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

Litter Box	Covered	Non-Covered	Location in the house
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

5. A) 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):

6 A) 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? YES ___ NO ___

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

Month & Year dog
entered the home

Age

Sex

Breed

1

2

3

4

5

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: YES__ NO__ DON'T KNOW__

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:

	Pet's Name	Month & Year pet entered the home	Species
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

18. Have you moved households: YES ___ NO ___

Please list dates of moves if yes:

19. Have there been any new people join the household within the past 2-3 years: YES ___ NO ___

If yes please list persons and dates:

	Person's Name	Date moved in
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

20. Have any people left the household in the past 2-3 years: YES ___ NO ___
If yes please list persons and dates:

	Person's Name	Date moved out
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

21. Have you obtained new furniture in the past 2-3 years: Yes ___ NO ___
Please list dates and what was obtained:

22. Have you had carpet replaced or removed in the past 2-3 years: Yes ___ NO ___
Explain briefly and dates:

23. Have you had any construction done at your house in the past 2-3 years: Yes ___ NO ___
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.