

Inappropriate Urination Questionnaire

Please answer the following questions:

Is your cat using the litter box? Yes No Sometimes

If no or sometimes, where is he/she urinating? _____

Does he/she defecate in his/her box? Yes No Sometimes

Is he/she Spraying or Squatting? Please explain further _____

Have you noticed if he/she is straining? Yes No

Have you seen blood in his urine? Yes No

When did you first notice a problem? _____

Is he drinking more water than usual? Yes No

How many cats are in your household? _____

How many litter boxes do you have? _____

Which kind of litter do you use? Clumping or Non-clumping Scented or Unscented

How often do you scoop the box? Daily 2x Daily Weekly Other _____

How often do you clean/wash all the boxes? Daily 2x Daily Weekly Other _____

Did you recently change litter brands or do you constantly change brands of kitty litter? Yes No

What brand of kitty litter do you use? _____

Do the litter boxes have hoods? Yes No

Do the litter boxes have liners? Yes No

Have you recently moved? Yes No

Any new stresses in your life, such as a new pet, new baby, new job schedule, etc.? Yes No

Is your cat displaying other signs? Weight loss Vomiting Diarrhea Listlessness

Appetite loss Other _____

What do you feed your cat? _____

Which do you prefer to give your cat? Liquid or Tablets

Signature _____ Phone # _____ Date _____