

# Feline House Soiling Questionnaire

Lexington Animal Clinic  
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Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

## *House Soiling Data Sheet*

What percentage of the elimination incidents in the home are Urine \_\_\_\_\_% Stool \_\_\_\_\_%

Does this pet urinate when petted? Y / N When Excited? Y / N When scolded/punished? Y / N

Is there a preference for urinating inappropriately on:

Upright Surfaces (walls, sides of furniture, drapes)? Y / N \_\_\_\_\_%

Horizontal Surfaces ( floors, tops of counters or furniture)? Y / N \_\_\_\_\_%

Is there a preference for secluded areas (closets, under furniture)? Y / N \_\_\_\_\_%

Do strays or pets from other households frequently visit or call outside windows, doors or in the yard? Y / N

Surface preference for inappropriate elimination: (check all that apply)

Rugs  Clothing  Paper  Soil  Linoleum or other hard surfaces

Other \_\_\_\_\_ No Preference

Age when housetrained? \_\_\_\_\_ Never housetrained

Method of Training: \_\_\_\_\_

Outcome of Training: \_\_\_\_\_

## *House Mates*

List the number of other pets in the home:

Cats: female intact _____	Dogs: female intact _____	Other: _____
female spayed _____	female spayed _____	_____
male intact _____	male intact _____	_____
male neuter _____	male neuter _____	_____

***Medical History***

Has this pet ever had a cystitis (urinary bladder infection)? Y / N

Approximate Dates: \_\_\_\_\_

Does any straining or pain accompany urination? Y / N

Does any straining or pain accompany defecation? Y / N

Have you noticed blood in the urine? Y / N

Have you noticed blood in the stool? Y / N

Is there an increased frequency of urination? Y / N

Has there been an increase in water consumption? Y / N

Has there been an increase in the amount of urine voided? Y / N

Does the stool have an abnormal appearance? Y / N

Date of last urinalysis: \_\_\_\_\_ Results: \_\_\_\_\_

***Litter Box Information***

Has this pet ever eliminated consistently in the litter box? Y / N

When indoors, the pet defecates in the box \_\_\_\_% of the time. Never defecates in the box

When indoors, the pet urinates in the box \_\_\_\_% of the time. Never urinates in the box

How many litter boxes are available? \_\_\_\_\_ How many are covered boxes? \_\_\_\_\_

How often is the litter box cleaned? \_\_\_\_\_

Type of litter used in the litter box: Standard Clay  Clumping  Other: \_\_\_\_\_

Brand of litter used? \_\_\_\_\_ How long has this brand been used? \_\_\_\_\_

Where is the litter box(s) kept? \_\_\_\_\_

***Please draw a diagram of your house on the back of this form.***

Indicate areas of inappropriate urination, defecation, urine spraying, litter box positions and feeding areas.