

Paws Of The Rockies Animal Hospital

1538 East Harmony Rd, Unit C2 Fort Collins, CO 80525
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Special Information Sheet
Prepared for: **New Client**

FELINE INAPPROPRIATE ELIMINATION QUESTIONNAIRE

1. How many pets are in the house and how long have you had each? Are New Pt 1 and your other cats indoor/outdoor/both?
2. How do pets get along? Describe their interaction with each other.
3. Do cats allosleep (sleep touching one another)?
4. How many litter boxes do you have and where are they located?
5. What type of litter do you use (ie.- clay, unscented, corn, clumping, etc.)?
6. Describe what type of boxes you have (ie.- covered, open, store bought, etc.)
7. How does New Pt 1 act in the box (ie.- does she spend time in box, dig, cover stool/urine, hop in and out quickly, shake paws, not go in completely, place feet on edges, etc.)?
8. How often do you scoop the box(es)? How often do you empty and wash box(es) and with what do you wash them?
9. Is inappropriate elimination out of box : Urine Stool Both

10. How frequently is the inappropriate elimination?

Few times a month

Few times a week

Daily

Multiple times daily

11. Does New Pt 1 ever use the box normally for urine? for stool? If yes, what percentage of the time do they use the box normally for each?

12. When elimination occurs out of the box:

a) Do you see it? When does it occur?

b) It is on horizontal surfaces (floors, countertops, furniture)? Or vertical surfaces (walls, sides of furniture, drapes)? Or both?

c) Is there a surface type preference (ie.- rugs, clothing, paper, carpet, tile, etc.)?

d) Does urine/stool appear normal? Any vocalization/meowing when she is going?

e) Is it in one spot or multiple spots? Please describe each location. You may draw a map on the back of this page if helpful.

f) How much urine is produced (ie.- small amount or full bladder emptied)?

13. How long has problem been going on?

14. Do you know what triggered the start of it (ie.- new pet)? What do you think the problem is?

15. Any change in the home that occurred when this started (ie.- new pet, new roommate, new furniture, new work schedule, etc.)?

16. Please describe anything that you have done to try and address the problem already?

17. What games/interaction/environmental stimulation do you engage New Pt 1 in and how often?