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|---|-------------------------------------|------------------------------------|
| Spayed/Neutered ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Age at Spay/Neuter: | | |
| Cat's Weight: | | |
| Where did you get your cat from? | | |
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| List names, genders, and ages (if under 21) of people living in the home: |
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| List other pets in the home. Include name, species, breed, age, gender, spay/neuter status, and if obtained before (B) or after (A) your pet with the behavior issue. |
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Medical History

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| Has your cat been examined by a veterinarian for inappropriate elimination to rule out medical causes? If so, please provide this information. |
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List any medical problems your cat currently has:

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List any medical problems your cat had in the past:

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Does your cat have any vision problems, arthritis, or other condition that affects his/her senses or physical ability?

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Does your cat have annual veterinarian visits? Yes No
 I can't take him/her because of a behavior issue

List all medications your cat is currently taking (include dosage if known):

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Has your cat been declawed? Yes No

If so, at what age? _____

Did your cat have any behavioral changes after declawing?

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Inappropriate Elimination Description & History

Please describe your cat's inappropriate elimination issue.

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When did the inappropriate elimination first occur and how old was your cat at the time?

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Did your cat previously use their litter box?
 Yes No

Is there anything you can think of that occurred when the inappropriate elimination started (e.g. moved, new family member or pet, death or loss of a family member or pet, work hours changed, new carpeting or furniture, furniture rearranged, new cat door, etc.)?

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Does your cat get inside of the litter box but eliminate over the side or edges?

Yes

No

If your cat urinates outside of his/her litter box, do you find it happens more frequently during certain times of the year?

Does your cat perch on the edge of the litter box while eliminating?

Does your cat eliminate in certain areas of the house? If so, please specify:

Can you interrupt your cat when he/she is eliminating?

Yes

No

Sometimes

What methods have you used to try to stop the inappropriate elimination? What has worked and what hasn't?

What products/methods do you use to clean up after your cat?

Have you punished your cat for his/her inappropriate elimination? If so, what methods of punishment have you used?

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Have you or family members seriously considered rehoming your cat due to the inappropriate elimination issue? ___ Yes ___ No

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Have you or family members seriously considered euthanizing your cat due to the inappropriate elimination issue? ___ Yes ___ No

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| Please check the appropriate box: | Don't Know | No | Yes |
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| Did you acquire your cat at 8 weeks of age or less? | | | |
| Was your kitten orphaned or hand-raised? | | | |
| Was your cat the single kitten in the litter? | | | |
| Was your cat acquired from a shelter or pound? | | | |
| Was your cat acquired from a rescue group? | | | |
| Was your cat acquired from a pet shop? | | | |
| Has your cat had multiple owners during his/her life? | | | |
| Has your cat ever moved homes? | | | |

| Please check the appropriate box if your cat urinates in the home: (Skip if does not apply) | Don't Know | No | Yes |
|--|-------------------|-----------|------------|
| Does your cat urinate with his/her tail in the air, with the tail twitching? | | | |
| Does your cat squat when urinating in the home? | | | |
| Does your cat stand when urinating in the home? | | | |
| Are there puddles of urine? | | | |
| Are there small amounts or sprays of urine? | | | |
| Is your cat urinating just outside of the litter box? | | | |
| Does your cat urinate on area rugs, the edges of a room, sinks, mattresses lying directly on the floor, or bathtubs? | | | |
| Does your cat urinate on vertical surfaces (i.e. walls, curtains, doors, couches, stereo speakers, microwave ovens)? | | | |
| Does your cat urinate in corners? | | | |
| Does your cat urinate on furniture? | | | |
| Does your cat urinate on personal items? | | | |
| Does your cat urinate in the same location/area? | | | |
| Does your cat urinate in different areas of the home? | | | |
| Does your cat urinate on furniture or other items when strangers or strange cats come to the home? | | | |
| Does your cat urinate on furniture or other items when he/she sees strange cats outside of the window? | | | |
| Does your cat urinate on new items in the home (i.e. visitor's luggage, grocery bags)? | | | |
| Did your cat previously have a medical condition that caused them to urinate in the home? | | | |
| Does your cat cry or vocalize when urinating? | | | |
| Does your cat cover his/her urine in the litter box? | | | |

| Please check the appropriate box if your cat defecates in the home: (Skip if does not apply) | Don't Know | No | Yes |
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| Is your cats stool solid? | | | |
| Is your cat defecating just outside of the litter box? | | | |
| Does your cat defecate on area rugs, concrete floors, the fireplace, or in the soil of houseplants? | | | |
| Does your cat defecate on personal items? | | | |
| Does your cat defecate on furniture? | | | |
| Does your cat defecate in the same location/area? | | | |
| Does your cat defecate in different areas of the home? | | | |
| Does your cat defecate on furniture or other items when strangers or strange cats come to the home? | | | |
| Does your cat defecate on new items in the home (i.e. visitor's luggage, grocery bags)? | | | |
| Did your cat previously have a medical condition that caused diarrhea or defecation in the home? | | | |
| Does your cat cry or vocalize when defecating? | | | |
| Does your cat cover his/her feces in the litter box? | | | |

If your cat eliminates on personal items, please list:

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Does your cat prefer to eliminate on certain surfaces (e.g. carpet, tile, linoleum, rugs, etc.)? If so, please list:

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Did your cat's parents or siblings engage in similar behavior or any abnormal behavior?

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Do other cats in your home have inappropriate elimination issues? Are you sure it is *this* cat that is urinating/defecating in your home?

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Interactions with People & Other Animals

How would you describe your cat's personality, temperament, or general mood (e.g. playful, standoffish, nervous, happy, friendly, fearful, etc.)?

How does your cat get along with human family members?

My cat is especially bonded to: (Check all that apply)

One person in the family

More than one person in the family

N/A, my cat bonds with anyone and is fine as long as someone is in the room with him/her

How does your cat get along with other pets in the home?

If you have other cats:

Does your cat share food or a litter box with your other cats?

How does your cat respond to strangers or visitors?

If your cat goes outside, how does your cat act when he/she meets strange cats outside of the home?

How does your cat act when he/she is indoors and sees other cats through the window?

Does your cat like or dislike certain types of cats based on their size, gender, or temperament? If so, please list and specify if like (L) or dislike (D):

How does your cat behave at the veterinarian's office?

Behavior Observations

My cat is excessively frightened by: (Check all that apply)

- car rides
- white lab coats that vets wear
- being in a cat carrier
- loud noises
- thunderstorms
- other

If Other, please list:

Does your cat vocalize excessively? If so, what triggers his/her vocalization?

Does your cat demand to be petted?

Yes No Sometimes

Does your cat solicit attention by repeatedly crying or meowing?

Yes No Sometimes

Does your cat mount another cat in the household? If so, please explain.

Does your cat scratch furniture or other household items excessively? If so, what does he/she scratch and where is it located?

Does your cat have a scratching post? If so, does he/she use it? What kind of scratching post is it and where is it located?

Lifestyle

Describe a typical day's schedule for your cat:

Where does your cat live?

Indoors

Outdoors

Both

What do you feed your cat? Include primary food and if table scraps, treats, or other foods are given. How much do you feed and how often is your cat fed daily?

How much daily playtime does your cat get? With whom/which pet?

Does your cat know any tricks? Please list:

What are your cat's top 3 favorite things or things to do?

| Litter Box Information | |
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| How many litter boxes are in your home? _____ | |
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| Where are the litter boxes located? Please note if they are near your cat's food dish or a loud home appliance. | |
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| What type/s of litter boxes do you have (open/closed, large/small, automatic)? | |
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| What type of cat litter do you use? If you don't know the brand, please explain the consistency or make-up of the litter, and if it is scented or you deodorize it in some way. | |
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| Have you tried other kinds of litter in the past? | |
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| How deep is the litter in your cat's litter box? _____ inches deep | |

Do you use litter box liners or put mats outside of the box to reduce tracking in the home?

How often do you scoop out the litter box?

How often do you clean (completely change) the litter box? What do you clean it with?

Have you ever seen your cat shake his/her paws after using the litter box, or run from the box after using it? Yes No

If Yes, provide details:

Thanks for your time! We look forward to meeting you and your cat.