



The Standard of
Veterinary Excellence



**BELLEVUE
ANIMAL
HOSPITAL**

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HOUSE SOILING CAT QUESTIONNAIRE

Date: _____

Client Name: _____

Address: _____

Telephone: _____

Patient Name: _____

Species: _____ Breed: _____

Sex: _____ Birth Date: _____

Describe the type of house soiling problem and when it was first noted _____

Are there any changes in your cat's routine or the living situation? _____

Do you recall the first time this occurred and what happened? _____

Is this cat allowed outdoor exposure? _____

How many animals are in the house and what type? _____

Does this cat have problems with any housemates? _____

If yes, please describe _____

Litter box questions...

How many litter boxes are in the home? _____

Litter box locations? _____

Is box covered or uncovered? _____

What type of litter is used? _____

Scented or unscented? _____

Has the type of litter changed? _____

Is a litter box liner used? _____

Are there any powders added to the litterbox? _____

Are there any cleaners used in the box? _____

How often is the box scooped? _____

How often is the litter from the box changed? _____

Does the cat cover its waste? _____

Is there any crying out during urination _____

Where and how often does the cat soil? Please describe in detail location/s in the home including if the soiling is on walls, floors, near windows, on furniture or rugs. Additionally, note if the surfaces are vertical, horizontal or both. (Use the space below or the back of the sheet if necessary) _____

Is there any additional medical history? Urine amount changes?? Drinking changes?? Appetite changes?? _____

Is the cat currently taking any medications? _____

Have any medications been used for this problem? _____
