

# SUPPLEMENTAL FORM FOR CATS THAT HAVE LITTER BOX TROUBLES

The purpose of this form is to determine if there is a medical or behavioral basis for your cat's litter box problems so that we can provide the best support for him in a new home.

**Does your cat urinate or defecate outside of the litter box?**

Urinate  Defecate  Both

**How long has your cat had litter box problems?**

All life  Past year  Past month  Other

Please explain: \_\_\_\_\_

\_\_\_\_\_

**How often does your cat have accidents?**

Daily  Weekly  Monthly  Occasionally  Only in specific situations

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Where does your cat eliminate when not using the litter box?**

Location(s): \_\_\_\_\_

Surface(s): \_\_\_\_\_

**Have you seen a veterinarian about the problem?**

Yes  No

If yes, did the veterinarian do a urinalysis on your cat?

Yes  No

**What treatment was prescribed for this problem?**

None  Antibiotics  Anti-anxiety medication  Other

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Are there other animals in your home?**

No  Other cats  Dogs  Rodents  Birds  Other: \_\_\_\_\_

If so, how many? \_\_\_\_\_

**How did this cat behave towards the other animals in the house?** \_\_\_\_\_

**Please provide information about the litter box(es) available to this cat**

**Number of box(es):**  1  2  3  Outdoors  Other:

**Box type:**  Small plastic  Large plastic  Covered  Uncovered

Self-cleaning  Other:

**Box location(s):** \_\_\_\_\_

**Litter type:**

Clumping  Non-clumping **Brand Name:** \_\_\_\_\_

**Box cleaning schedule:**

Daily  Several times a week  Weekly  Other: \_\_\_\_\_

**Additional information:** \_\_\_\_\_

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