Supplemental Form for Cats that have Litter box Problems

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 them in a new home.

Does your cat urinate or defecate outside of the litter box? □ Urinate □ Defecate □ Both

Does your cat urinate/defecate on vertical surfaces such as walls or the sides of couches, or horizontal surfaces such as the floor or the cushions of the couch?
□ Horizontal surfaces □ Vertical surfaces
Please explain: ____________________________________________

When your cat urinates, does he/she? □ Spray □ Full volume void □ Small volume void

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 under certain circumstances.
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? □ No □ Yes
• If yes, did the veterinarian do a urinalysis on your cat? □ No □ Yes
• 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:
# of box(es): □ 1 □ 2 □ 3 □ Outdoors □ Other:
Box type: □ Standard pet store plastic □ Specialty large plastic □ Covered □ Uncovered
□ Self-cleaning □ Other____________________
Litter type: □ clumping □ non-clumping; Brand Name: __________________
Box location(s): __________________________________________
Box cleaning schedule: □ Daily □ Several times a week □ Weekly
□ Other____________________

Any other information:
________________________________________________________________________