



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:
