

Feline Inappropriate Urination Questionnaire

Patient Name _____

Client Name _____

1. Is your cat indoor or outdoor?
2. How many people and pets are there in your household? Please describe who was there first.
3. How many rooms are there in your house?
4. How many litter boxes do you have?
5. How often do you scoop the litter box?
6. How often do you change the litter box?
7. What type of litter do you use?
8. How old is your litter box?
9. What is your cat's typical day schedule?
10. Please draw a diagram of your home in the back of this sheet. Include feeding, litter habits, scratching, playtime climbing and sleeping sites.
11. How many times a day do you interact with your cat?
12. How often do you play with your cat? Describe the toys used.
13. Describe your cat's problem.
14. When did it first occur?

15. Describe any treatment methods you've already tried and the outcome.

16. If marking is suspected, where and when is the cat most likely to mark?

17. What are the changes in the home environment that have occurred prior to this problem? Were there any changes to the cat's daily routine?