

# HARBOR HUMANE SOCIETY

## FELINE ELIMINATION QUESTIONNAIRE

Please fill out information as completely and accurately as possible to ensure we are able to evaluate this cat's health in an appropriate manner.

What types of elimination problems has your cat had? (*circle all that apply*)

Urinating outside box   Defecating outside box   Spraying   Other \_\_\_\_\_

How often do these elimination problems occur? \_\_\_\_\_

How long has this been a problem? \_\_\_\_\_

Where in your home has your cat eliminated inappropriately? \_\_\_\_\_

Have you sought medical attention for your cat's elimination problem?   **NO**   **YES**  
(*results*) \_\_\_\_\_

Has your cat ever been diagnosed with any of the following: (*circle all that apply*)

**Cystitis (bladder inflammation)**   **Urinary tract infection**   **Bladder stones**

**Kidney (renal) disease**   **Diabetes mellitus**   **Hyperthyroidism**

**Obstipation/constipation**   **Hyperadrenocorticism**   **Intestinal parasites**

**Psychogenic polydipsia (drinking too much water)**

**Inflammatory bowel disease or any other condition that leads to loose stool**

What type of litter do you use? (*circle all that apply*)   **Non-Clumping**   **Scented**

**Clumping**   **Pine**   **Shredded Newspaper**   **Other?** \_\_\_\_\_

How many cats do you own? \_\_\_\_\_ Number of litter boxes? \_\_\_\_\_

How often do you clean them? \_\_\_\_\_

Did failure to use the litter box coincide with any major changes or additions to your household? If so, please list: \_\_\_\_\_

\_\_\_\_\_