

Inappropriate Elimination Questionnaire:

1. Have you noticed any blood in the stool or urine? YES NO
2. How many times a week are they eliminating inappropriately?

3. How long has this been going on? _____
4. Where is your pet eliminating? (Carpet, bed, on a wall, certain rug, etc.)

5. Where is your litter box(s) located? (Be as specific as possible. In what room, what is it next to?)

6. What kind of litter are you currently using? (brand, odor control, scented, clumping)

7. Have you changed the type of litter recently? YES NO
8. How many boxes do you have in your house? _____
9. How many cats do you have? _____
10. How many dogs do you have? _____
11. Where are the food/water bowls located? _____
12. Where does your cat spend most of its time? _____

13. Does your cat go outside? _____
14. How often are you scooping the clumps out of your litter box?

15. How often are you completely emptying and refilling your litter box with new litter?

16. Describe your litter box (covered, automatic, size) _____

17. Have there been any big changes in your household? (Moving, new pets, new people, new baby)

