



Lifetime Small Animal Hospital

“Helping Your Pet Be Its Best – for a Lifetime”

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FELINE HOUSESOILING QUESTIONNAIRE

YES NO

- () () Is your cat urinating more frequently than usual?
- () () Have you noticed any blood in your cat's urine or that your cat is straining to urinate?
- () () Does your cat **BOTH** urinate and defecate outside the litter box?
- () () Does your cat target vertical surfaces?
- () () Does your cat squat during the problem urination?
- () () Is the amount voided per location large?
- () () Is there more than one location involved?
- () () Is the problem confined to carpeted surfaces?
- () () Have there been any recent changes or stresses from your cat's perspective?
- () () Are there other cats in the household?
- () () Has there been a recent move?
- () () Has there been a change in the family, the household, or schedules of family members?
- () () Have you introduced new pets in the last 3 months?
- () () Does your cat only spray when it is in heat
- () () Does your cat have easy access to the litter box at all times?
- () () Is the litter you use scented or deodorized?
- () () Have you changed brands of litter within the past 3 months?
- () () Is the litter box hooded?
- () () Is the litter box cleaned with something other than soap and water?

- Does more than one cat use the same litter box?
- Are feces and urine scooped from the box daily?
- Is the litter boxing changed and washed at least once each week?
- Has your cat had any type illness in the last 3 months?
- Did your cat have a negative experience (medicated, punished, or scared) near the litter box?
- Is the litter box in a noisy or busy location?
- Does the cat feel safe in the litter box?