

HUMANE SOCIETY OF KENT COUNTY

FELINE ELIMINATION QUESTIONNAIRE

ID# _____

Date: _____

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 (urolithiasis)*

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 diarrhea or loose stool

What type of cat litter do you use? *(circle all that apply)* **Clay** **Clumping** **Scented** **Other:** _____

How many litter boxes do you have? _____

How many cats do you own? _____

How often do you clean the litter box(es)? _____

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

Any additional comments: _____
