

**Park View Veterinary Hospital**  
**Urinary/Defecation Disorder Questionnaire**

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Offending Pet's Name: \_\_\_\_\_  
Sex: M F M(N) F(S) Age: \_\_\_\_\_

**List other household pets:**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M F M(N) F(S)

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**Does the problem cat get along with the other household pets? N or Y Explain:** \_\_\_\_\_

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**What problems have you noticed with your cat?**

1. Urinating outside litterbox? **N** or **Y** if yes, for how long? \_\_\_\_\_
2. Spraying urine? \*NOTE: Spraying is territorial marking by spraying small amounts of urine horizontally onto vertical objects. **N** or **Y** if yes, for how long? \_\_\_\_\_
3. Defecating outside the litterbox? **N** or **Y** if yes, for how long? \_\_\_\_\_
4. a) Straining when urinating? **N** or **Y**      b) Straining when defecating? **N** or **Y**
5. a) Blood in urine? **N** or **Y**      b) Blood in feces? **N** or **Y**
6. Increased trips to the litterbox? **N** or **Y** if yes, for how long? \_\_\_\_\_
7. Vomiting? **N** or **Y** if yes, for how long? \_\_\_\_\_
8. Diarrhea? **N** or **Y** if yes, for how long? \_\_\_\_\_
9. Weight Loss? **N** or **Y** if yes, for how long? \_\_\_\_\_
10. Loss of appetite? **N** or **Y** if yes, for how long? \_\_\_\_\_
11. Increased water intake? **N** or **Y** if yes, for how long? \_\_\_\_\_
12. Any other problems? **N** or **Y** if yes, explain & for how long? \_\_\_\_\_

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**Previous Illnesses:**

Have any of the following illnesses ever been diagnosed in your cat?

- a) Bladder infections? **N** or **Y** if yes, for how long? \_\_\_\_\_
- b) Crystals in bladder? **N** or **Y** if yes, for how long? \_\_\_\_\_
- c) Bladder stones? **N** or **Y** if yes, for how long? \_\_\_\_\_
- d) Kidney problems? **N** or **Y** if yes, for how long? \_\_\_\_\_
- e) Any other major issues? \_\_\_\_\_

**List the room(s) where the problem occurs:**

Room	Approximate # of occurrences
_____	_____
_____	_____
_____	_____
_____	_____

**Does the problem occur...**

- |                              |                      |                    |                      |
|------------------------------|----------------------|--------------------|----------------------|
| a) In plant pots?            | <b>N</b> or <b>Y</b> | f) Near entrances? | <b>N</b> or <b>Y</b> |
| b) In sinks/bathtubs?        | <b>N</b> or <b>Y</b> | g) Near windows?   | <b>N</b> or <b>Y</b> |
| c) In loose earth basements? | <b>N</b> or <b>Y</b> | h) On plastics?    | <b>N</b> or <b>Y</b> |
| d) On carpeting?             | <b>N</b> or <b>Y</b> | i) On clothes?     | <b>N</b> or <b>Y</b> |
| e) On wood/tile floors       | <b>N</b> or <b>Y</b> | j) On bedding?     | <b>N</b> or <b>Y</b> |

**Where did it first occur?** \_\_\_\_\_  
\_\_\_\_\_

**Do(es) your cat go outside?** **N** or **Y**

**If yes, does he/she fight with neighborhood cats?** **N** or **Y**

**Do the neighborhood cats...**

- |                                            |                      |
|--------------------------------------------|----------------------|
| a) Sit on your window sills?               | <b>N</b> or <b>Y</b> |
| b) Spray urine outside your house?         | <b>N</b> or <b>Y</b> |
| c) Antagonize your cat(s) through windows? | <b>N</b> or <b>Y</b> |

**Litterbox...**

- a) How many total litterboxes are there? \_\_\_\_\_  
b) What type is it/ are they? (i.e. covered, charcoal filter, plain tray ect.) \_\_\_\_\_

- c) What size are they? \_\_\_\_\_  
d) Do you use plastic liner system? \_\_\_\_\_  
e) Where are they located? \_\_\_\_\_

f) What type of liter do you use? (circle)

- |                                 |                  |                |
|---------------------------------|------------------|----------------|
| Plain clay granules             | Clumping         | Sand           |
| Cedar shavings                  | Earth            | Shredded Paper |
| Yesterday's News/recycled paper | Ground corn cobs |                |

**How often do you change the litterbox(es)?**

Change litter: (circle)

- Daily
- Every 2-3 days
- Every 4-5 days
- Weekly
- Bi-weekly
- More

Scoop out clumps/feces: (circle)

- Daily
- Every 2-3 days
- Every 4-5 days
- Weekly
- Bi-weekly
- More

**When changing the box, do you...**

- |                                 |        |                       |        |
|---------------------------------|--------|-----------------------|--------|
| a) Just change the litter?      | N or Y | d) Use detergent?     | N or Y |
| b) Wash out the box with water? | N or Y | e) Use disinfectants? | N or Y |
| c) Use soap?                    | N or Y |                       |        |

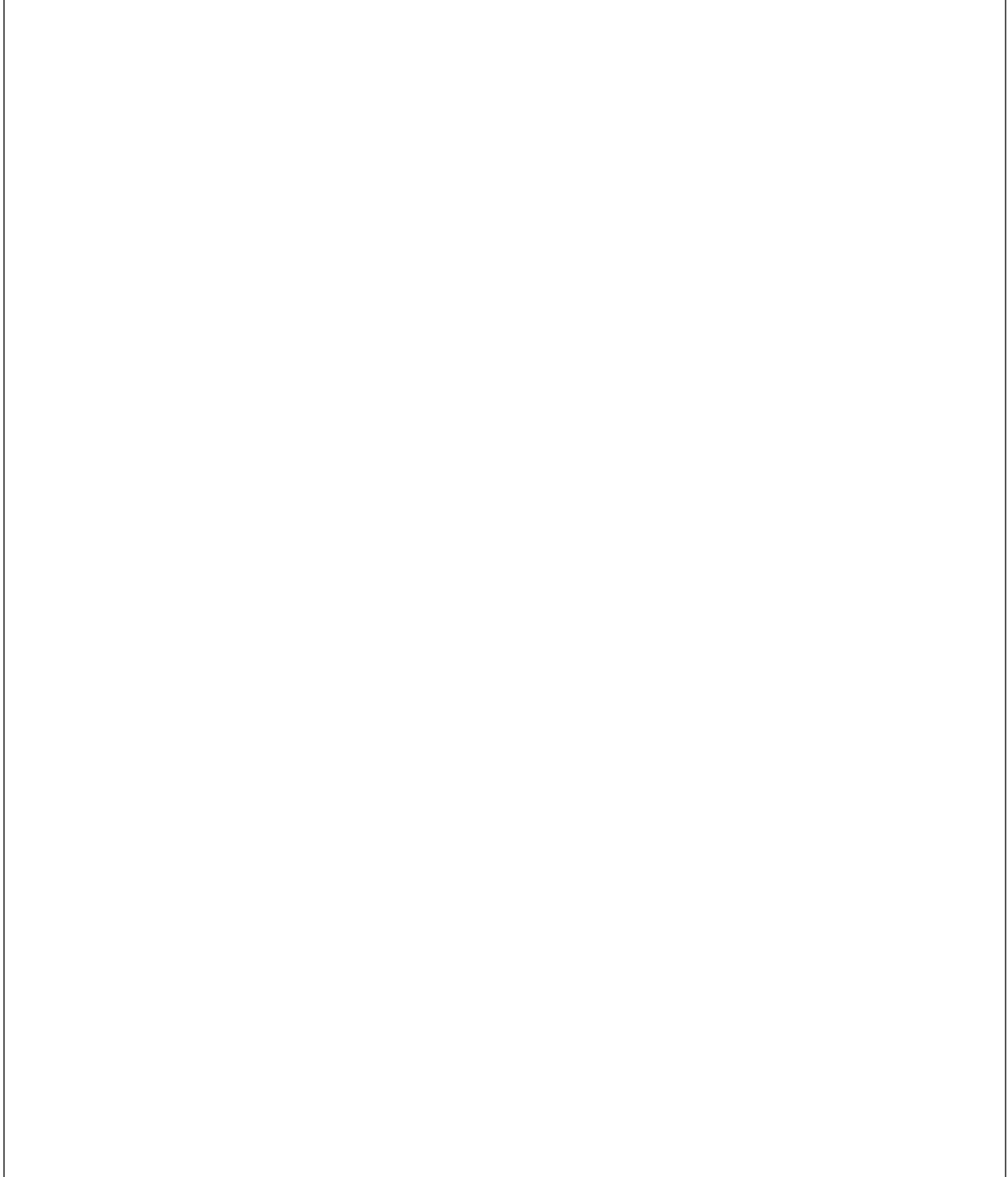
**What is the cat's diet?**

Food brand	wet or dry	% of diet
_____	_____	_____
_____	_____	_____
Treats	how many per day	
_____	_____	
_____	_____	
Other foods	How much/how often	
_____	_____	

**What changes have occurred recently?**

- a) Change in litterbox location? \_\_\_\_\_
- b) Change in number of litterboxes? \_\_\_\_\_
- c) Change in type or brand of litter? \_\_\_\_\_
- d) Change in cleaning of litterbox? \_\_\_\_\_
- e) Change in diet? \_\_\_\_\_
- f) Addition of new pet? \_\_\_\_\_
- g) Household move? \_\_\_\_\_
- h) Major change in cat's activity (goes outdoors now ect) \_\_\_\_\_
- i) Arrival of new baby/other person? \_\_\_\_\_
- j) Death/departure of family member? \_\_\_\_\_
- k) Less attention paid to cat? \_\_\_\_\_

**In the section below, please draw an approximate room layout of your home. Label rooms and indicate where the problem(s) is(are) occurring. Also mark the litterbox locations(s).**

A large, empty rectangular box with a thin black border, intended for the user to draw an approximate room layout of their home. The box is currently blank, providing space for the user to sketch rooms, label them, and indicate where problems or litterbox locations are occurring.