



HOUSE-SOILING: Cat Owner Questionnaire

Thank you for filling out this questionnaire. Your answers give us the information we need to help you with house-soiling problems occurring in your household.

Please check every box that applies and enter additional information where needed.

1 Your name: _____ Date: _____
Spouse, partner or roommate: _____
Children and ages: _____

2 Cat's name, age, sex and breed: _____

3 How does your cat interact with family members? Friendly Aggressive Nervous Avoids contact

Who is your cat's favorite person: _____

4 How does your cat interact with strangers? Friendly Aggressive Nervous Avoids contact

5 Name and age of other cats. Please label the order they arrived into the house: _____

6 Other pets (species, breeds and ages): _____

7 If you have other cats or pets in the household, have you recently seen your cat responding to them in any of the following ways?

Playing together Being aggressive Sleeping together Mutual grooming Running away
(eg, hissing, growling, swiping)

Please describe: _____



8 How do you think your pets get along? _____

9 Does your cat go outside? Yes No
Goes outside supervised Goes outside unsupervised Occasionally sneaks out Has pen or outside enclosure

10 Do you have a cat door or flap to the outdoors? Yes No
Type: _____

11 Can your cat see other animals from inside your home? Yes No
If yes, describe (ie cats, birds at feeder, etc):

12 What type of food do you feed your cat?
Canned food: _____
Dry food: _____
Have you changed the food recently? _____

13 How many litter boxes are in your home? _____ Type: Open Hooded or covered Automatic
Liners used: _____
Deodorizers used: _____
Average size in cm or inches: _____

14 How often: Who scoops the litter box? _____
Twice daily Daily Weekly
Other: _____

15 Type of litter used: Fine grain (clumping) Wood or paper-based Pellets corn or wheat based
Non-clumping clay Scented garden soil Coarse granules Silica granules or beads
Other: _____

16 How often do you wash the litter box and what cleaning products do you use? _____

17 If your cat urinates when house-soiling, how would you describe the urine?
Normal Strong odor Passed more/less frequently than usual Large volume Sticky consistency Small volume Bloody

18 If your cat defecates when house-soiling, how would you describe the stools?
Normal Blood/mucus Small and hard Formed in part, then softer Soft and watery
Other: _____

How long has the house-soiling been occurring?

Months: _____ Weeks: _____ Years: _____

20 Do you remember the first incident? Yes No
If yes, please describe: _____

21 What kind of surface is targeted?
Carpet Tile A particular family member Wood Bedding/clothing Vinal Bath/shower/sink/basin
Other: _____

22 If yes, what volume is being passed? _____
Is the cat targeting vertical surfaces with urine? Yes No

23 How often is the house-soiling soiling occurring? Once daily Multiple times daily Weekly
Other: _____

24 How has the frequency changed since the problem started?
Increased Decreased Remained the same Don't know

25 Have there been any changes recently (or around when the house-soiling started)? (including work/school schedule changes, please provide details): _____
Moved to new home New baby or pet Absence of family member/pet

Other: _____

26 Please detail what you have been doing to clean the soiled areas: _____

27 Have you used any physical punishment in response to the house-soiling (eg rubbing nose in the urine or water pistol, shouting, confinement)? Yes No
Please describe: _____

28 Is your cat easy to medicate? Yes No
What are your preferred formulations for any medications?
Pills Oral Liquids Medication in food Transdermal Gel

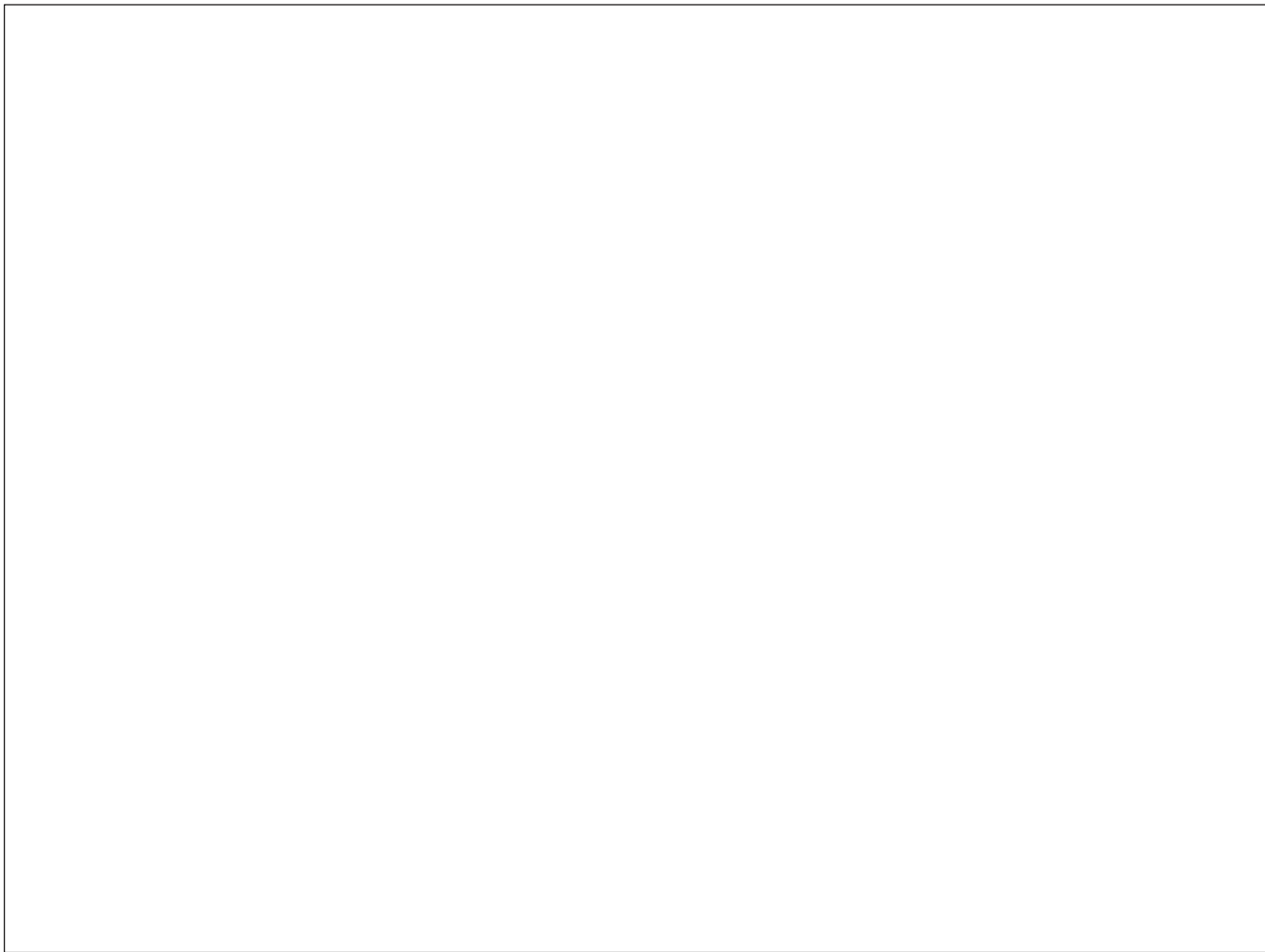
29 **Draw a basic house floor plan in the box on the following page. This is very important but does not need to be to scale.**

Mark all items listed below on the house floor plan so we can get a feeling for the environment where your cat lives.

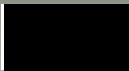
a = Litter box locations b = House-soiling locations c = Windows and doors d = Scratching post locations

e = Food and water bowl locations f = Cat doors or flaps

Please number the house-soiling locations in chronological order in terms of when you became aware of deposits in those locations (eg, b1, b2, etc).



This questionnaire accompanies the 'AAFP and ISFM Guidelines for Diagnosing and Solving House-Soiling Behaviour in Cats', published in the *Journal of Feline Medicine and Surgery*, July 2014, Volume 16, pp 579–598.



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