Helping Hand
Veterinary Behavior Counseling Services

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Strengthening the human – animal connection

Housesoiling History Form – Feline

Owner _____ Email _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

Veterinarian Information (who is your regular veterinarian?)

Dr. _____ Clinic Name _____

Address _____

Phone _____ Fax _____

General Information

Pet's Name _____ Age _____ years Sex: Male [ ] Female [ ]

Breed _____ Color _____ Weight _____

Neutered or Spayed: Yes [ ] No [ ] If, yes, at what age? _____ At what age did you obtain the cat? _____

Where did you obtain this cat (friend, breeder, pet shop, humane society, other)? Please specify name of breeder, pet shop or humane society, if known. _____

Time spent indoors _____ % outdoors _____ %

Is the cat left alone during the day? Yes [ ] No [ ] If, yes, how long? _____

In what area of the house is the cat kept:

a. When family is home: _____
b. When family is away: _____
c. When family is asleep: _____
d. When guests visit: _____

Describe the cat's personality: *(nervous, shy, laid back, outgoing, etc)*

What have you tried so far to resolve this problem?

List all medications (dosage, schedule, duration) that have been prescribed for this behavior problem and the results.

List all medications (dosage, schedule, duration) currently being taken by this cat:

List all other pets in the home:

Name	Species (Dog / Cat / Other)	Sex [M] [F]	Intact [I], Spayed [S], Neutered [N]	Age
1.				
2.				
3.				
4.				
5.				

Describe this cat's relationship with the other pets (e.g., friendly, hostile, fearful).

If any of the pets are new to your home, please describe the introduction process you used and how long ago the pet entered the home.

What is the cat's relationship with each of the humans in the home?

Has anything changed in the home in relation to the start of this behavior issue (e.g., new cat in home, redecorating, move to new home, other)? Please describe.

Diet:

What is your cat's current diet?_____

How long has the cat been eating this diet?_____

Where is the cat fed?_____

If you have a multi-cat household, how many locations do you have for food?_____

Does your cat eat treats? [ ] Yes [ ] No If yes, what type:_____

What is your cat's favorite source of water? *(i.e. running water, water bowl, etc)*_____

Environment:

Where is your cat(s) favorite sleeping and resting location(s)?

Do you have any scratching posts? [ ] Yes [ ] No If yes, how many and where are they?

Housesoiling Information

Has this cat ever eliminated consistently in the litter box? [ ] No [ ] Yes

When indoors, the cat defecates in the box _____ % of the time. Never defecates in box [ ]

When indoors, the cat urinates in the box _____ % of the time. Never urinates in box [ ]

Where does the cat urinate? (Check all that apply)

[ ] Upright surfaces (walls, sides of furniture, drapes, etc)

[ ] Horizontal surface (floors, top of counters or furniture, etc)

[ ] Preference for secluded areas (closets, under furniture, etc)

Please explain _____

[ ] Preference for certain substrates (carpet, rugs, bathtub, paper, clothing, plastic, tile, etc)

Please explain _____

[ ] Preference for certain location within the home

Please explain _____

[ ] No obvious preference for a particular substrate or location

How many litter boxes do you have? _____

Where are they located? _____

Please diagram your house on the back of this form

Indicate areas of inappropriate urination, defecation, urine spraying, litter box positions, sleeping areas and feeding areas

How often are the litter boxes cleaned? _____

How often are the litter boxes dumped and washed? _____

Type of litter used: [ ] clumping clay litter [ ] standard clay [ ] other _____

Brand of litter used: _____ How long has this brand been used? _____

Are the litter boxes covered? [ ] No [ ] Yes

Do you use any deodorizers in the box (powder additive)? [ ] No [ ] Yes

Are there any room deodorizers in the rooms where the litter boxes are kept (plug-in, other)? [ ] No [ ] Yes

If yes, describe: _____

Medical History

Has the cat ever had cystitis or other urinary tract problem (e.g., urinary calculi)? [ ] No [ ] Yes

If yes, explain and list dates.

Does any straining or pain accompany urination? [ ] No [ ] Yes

Does any straining or pain accompany defecation? [ ] No [ ] Yes

Have you noticed any blood in the urine? [ ] No [ ] Yes

Have you noticed any blood in the stool? [ ] No [ ] Yes

Is there an increased frequency of urination? [ ] No [ ] Yes

Is there an increased frequency of defecation? [ ] No [ ] Yes

Is there an increase in water consumption? [ ] No [ ] Yes

Is there an increase in the amount of urine voided? [ ] No [ ] Yes

Does the stool have an abnormal appearance? [ ] No [ ] Yes If yes, explain _____

Date of last urinalysis: _____ Results: _____

Treatment (medication, special food, etc):

Please list any additional information that you think will be helpful.