

inappropriate elimination form

*** At this time we are only seeing curbside and drop off appointments ***

We are offering curbside appointments with the options of:

- Phone Call (speakerphone during the exam)
- Video Chat via the website doxy.me (link will be provided)

Drop off appointments will be contacted via phone after the exam

Inappropriate Elimination

Please take a few minutes to complete the following questionnaire.
Detailed information will help us find the quickest and best solution for
your cat's inappropriate elimination issues.

Client Name *(Required)*

Cell Phone # *(Required)*

Email Address *(Required)*

Cat's Name *(Required)*

How many cats do you have in your home?
(Required)

How many, and what type of other pets do
you have? *(Required)*

How many litter boxes do you have in your
home? *(Required)*

Where are all of the litter boxes located?
(Required)



What type of litter boxes do you have in your home? (i.e. covered, uncovered, automatic scooping, etc...) *(Required)*

Have you recently changed the location of your litter boxes? *(Required)*

- Yes
- No

Have you recently replaced any of the litter boxes? *(Required)*

- Yes
- No

How big are your litter boxes? *(Required)*

How deep are your litter boxes? *(Required)*

How often do you scoop or change the litter boxes? *(Required)*

How often do you wash or change the litter box completely? *(Required)*

What do you clean the boxes with? (i.e. soap, bleach...) *(Required)*

What type of litter are you using? (i.e. scoopable, clay, paper, etc...) *(Required)*

The litter you use is: *(Required)*

- Scented
- Unscented

Do you use litter box liners? *(Required)*

- Yes
- No

Have you recently changed litter type or brand? *(Required)*

- Yes
- No

Are you using additives in your litter such as baking soda or Cat Attract? *(Required)*

- Yes
- No

If you are using additives, what additives are you using?

How long has your cat been inappropriately eliminating? *(Required)*

Where in the house is the inappropriate eliminating happening? *(Required)*

How often does it occur? *(Required)*

Does your cat still use the litter box at all? *(Required)*

- Yes
- No

If so, for what? *(Required)*

- Urinate
- Defecate
- Both

Does your cat urinate, defecate, or both outside of the litterbox? *(Required)*

- Urinate
- Defecate
- Both

Does your cat: *(Required)*

- Stand and spray urine
- Squat and urinate

Does your cat have a history of arthritis or an injury that prevents a normal position in the litter? *(Required)*

- Yes
- No

If so, please explain:

Does your cat have a history of urinary problems, such as urinary crystals/stones or kidney disease? *(Required)*

Does your cat have a history of defecation problems, such as constipation or chronic diarrhea? *(Required)*

Has there been any changes in your home such as a new baby/pet, construction, moving, etc...? *(Required)*

Yes

No

If so, explain:

Is your cat's water consumption normal? *(Required)*

Yes

No

Have you noticed an increase in urine or stool in the litter box?*(Required)*

Yes

No

If so, please explain:

Is your cat straining to urinate or crying out while urinating?*(Required)*

Yes

No

If so, please explain:

What best describes your cats lifestyle? *(Required)*

Indoor Only

Outdoor Only

Indoor/Outdoor

Has your cat's lifestyle changed since the inappropriate elimination started? *(Required)*

Yes

No

Do you have any aggressive pets that would chase & intimidate your cat, keeping them from the litter box? *(Required)*

Yes

No

Has your cat been having diarrhea? *(Required)*

Yes

No

If so, for how long?

Is your cat straining to defecate or crying out while defecating?*(Required)*

Yes

No

If so, please explain:

If your cat goes outside, is he/she supervised while outside? *(Required)*

Yes

No



Are there any items that your cat would have to travel over/through to get to the litter box? *(Required)*

- Yes
- No

If so, please explain:

Have you noticed any new wildlife or construction near your home? *(Required)*

- Yes
- No

If so, please explain:

Is your cat currently on any medication? *(Required)*

- Yes
- No

If so, please list all medication, concentrations, amount given, and how often:

Do you have any other concerns about your cats behavior that is not listed above? *(Required)*

Due to the COVID-19 prevalence, we want to ensure your safety and that of our team. Please answer yes/no to these questions:

*Please note: Answering yes does NOT prohibit your pet from being seen if they are ill but allows us to put appropriate safety parameters in place for our team and doctors.

Do you, or someone in your household, have symptoms consistent with COVID-19, a fever, cough or difficulty breathing?

- Yes
- No

Have you, or someone in your household, been exposed to someone who has tested positive for COVID-19?

- Yes
- No

Additional Information Needed for Appointment:

Please bring a schematic of your home with you for your appointment. Have listed where the *windows, doors, litter boxes, pet beds, and feeding stations* are located and the locations where inappropriate elimination is occurring. Please email photos of your litter boxes to us at countrycatclinic@aol.com prior to your appointment.

We will see you soon!
