

House Soiling - Cat Owner Questionnaire



Animal Care Associates, Inc.
"Caring People-Caring for Animals"™
840 Oakwood Road
Charleston, WV 25314
304-344-2244 ~ www.acawv.com

Name: _____

Patient Name: _____

~~~~~  
**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.

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

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How do you think your pets get along? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does your cat go outside?

- Yes     No     Occasionally sneaks out     Goes outside supervised  
 Goes outside unsupervised     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? If so when? \_\_\_\_\_

13. How many litter boxes are in your home? \_\_\_\_\_

Type:     Open     Hooded or covered     Automatic

Liners used: \_\_\_\_\_

Deodorizers used: \_\_\_\_\_

Average size of litterbox in cm or inches: \_\_\_\_\_

14. Who scoops the litter box? \_\_\_\_\_

How often:     Twice daily     Daily     Weekly

Other: \_\_\_\_\_

15. Type of litter used:

- Fine grain (clumping)     Non-clumping clay     Coarse granules  
 Wood or paper-based pellets     Scented     Silica granules or beads  
 Corn- or wheat-based     Garden soil

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     Large volume     Small volume     Strong odor  
 Sticky consistency     Bloody     Passed more/less frequently than usual

18. If your cat defecates when house-soiling, how would you describe the stools?

- Normal     Small and hard     Soft and watery  
 Blood/mucus     Formed in part, then softer

Other: \_\_\_\_\_

19. How long has the house-soiling been occurring?

Years: \_\_\_\_\_ Months: \_\_\_\_\_ Weeks: \_\_\_\_\_

20. Do you remember the first incident? Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. What kind of surface is targeted?

Carpet Wood Vinyl Tile Bedding/clothing

Bath/shower/sink/basin

A particular family member if so who? \_\_\_\_\_

Other: \_\_\_\_\_

22. Is the cat targeting vertical surfaces with urine? Yes No

If yes, what volume is being passed? \_\_\_\_\_

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)?

Moved to new home New baby New pet Absence of family member/pet

Other (including work/school schedule changes, please provide details): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 stool, spanking, water pistol, shouting, confinement)?

Yes    No    If yes please describe: \_\_\_\_\_

---

---

---

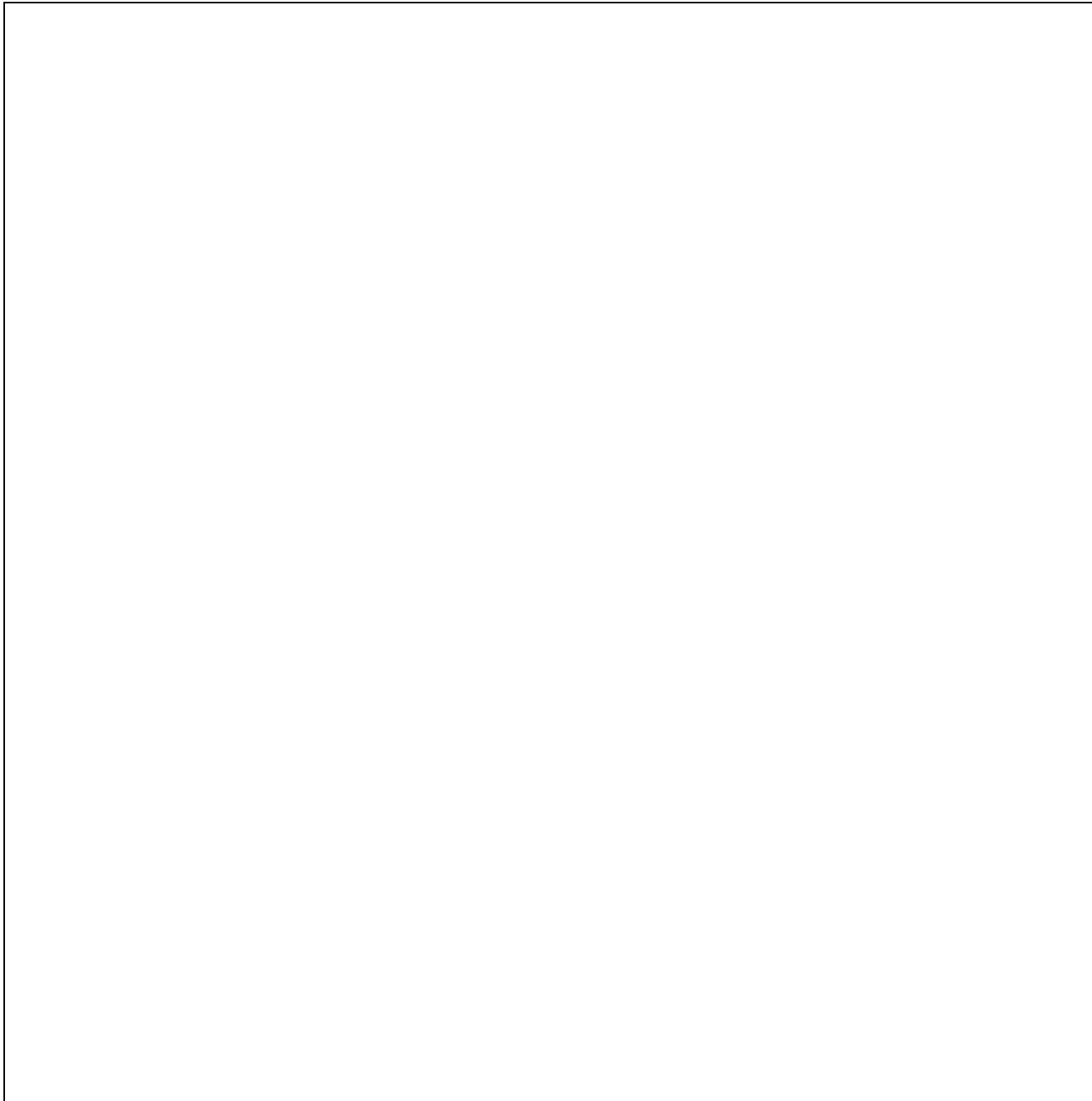
28. Is your cat easy to medicate?    Yes     No

29. What are your preferred formulations for any medications?

Pills     Medication in food    Oral liquids    Transdermal gel (where available)

30. Draw a basic house floor plan in the box below (or on a separate sheet). This is very important but it does not have to be to perfect 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).

A large, empty rectangular box with a thin black border, intended for drawing a house floor plan. The box is currently blank.