

Feline Inappropriate Urination Questionnaire Animal Medical Center of Lehigh Acres

Please answer the following questions:

1. Is your cat urinating in the litter box at all? Yes No
2. Where else is he/she urinating? _____
3. Does he/she defecate in his box? Yes No
4. Is he Spraying (Backing up against a wall or vertical structure) or Squatting?
5. Have you noticed if he/she is straining? Yes No
6. Have you seen blood in the urine? Yes No
7. When did you first notice a problem? _____
8. Is he drinking more water than usual? Yes No
9. How many cats are in your household? _____
10. How many litter boxes do you have? _____
11. Which kind of litter do you use? Clumping or Non-clumping
12. How often do you scoop the litter box? Daily 2x Daily Weekly Other _____
13. How often do you clean all the boxes? Daily 2x Daily Weekly Other _____
14. Did you recently change litter brands? Yes No
15. Do the litter boxes have hoods? Yes No
16. Do the litter boxes have liners? Yes No
17. Have you recently moved? Yes No
18. Any new stresses in you life, such as a new pet, new baby, new job schedule, etc? Yes No
19. Is your cat displaying other signs? Weight loss Vomiting Diarrhea
 Listlessness Appetite loss Other
20. Please list ALL foods you feed your cat? _____
21. Which do you prefer to give your cat? Liquid or Tablet
22. Does your cat go outdoors/or any of your cats? Yes No