



# Lifetime Small Animal Hospital

*“Helping Your Pet Be Its Best – for a Lifetime”*

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## FELINE HOUSESOILING QUESTIONNAIRE

YES    NO

- ( )    ( )    Is your cat urinating more frequently than usual?
- ( )    ( )    Have you noticed any blood in your cat's urine or that your cat is straining to urinate?
- ( )    ( )    Does your cat **BOTH** urinate and defecate outside the litter box?
- ( )    ( )    Does your cat target vertical surfaces?
- ( )    ( )    Does your cat squat during the problem urination?
- ( )    ( )    Is the amount voided per location large?
- ( )    ( )    Is there more than one location involved?
- ( )    ( )    Is the problem confined to carpeted surfaces?
- ( )    ( )    Have there been any recent changes or stresses from your cat's perspective?
- ( )    ( )    Are there other cats in the household?
- ( )    ( )    Has there been a recent move?
- ( )    ( )    Has there been a change in the family, the household, or schedules of family members?
- ( )    ( )    Have you introduced new pets in the last 3 months?
- ( )    ( )    Does your cat only spray when it is in heat?
- ( )    ( )    Does your cat have easy access to the litter box at all times?
- ( )    ( )    Is the litter you use scented or deodorized?
- ( )    ( )    Have you changed brands of litter within the past 3 months?
- ( )    ( )    Is the litter box hooded?
- ( )    ( )    Is the litter box cleaned with something other than soap and water?

- Does more than one cat use the same litter box?
- Are feces and urine scooped from the box daily?
- Is the litter boxing changed and washed at least once each week?
- Has your cat had any type illness in the last 3 months?
- Did your cat have a negative experience (medicated, punished, or scared) near the litter box?
- Is the litter box in a noisy or busy location?
- Does the cat feel safe in the litter box?