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FELINE ELIMINATION PROBLEM HISTORY

Owner's Last Name: _____ Owner's First Name: _____
Cat's Name: _____

Inappropriate urination

Does your cat urinate in places other than in the litterbox? Yes No If yes, continue answering the following questions about inappropriate urination.

Are any of these inappropriate urine spots on vertical surfaces? (walls, etc.) Yes No
Are any of these inappropriate urine spots on horizontal surfaces? (floors, counters, etc.) Yes No

How often does your cat urinate in an inappropriate location? more than once a day once a day
 a few times a week a few times a month a few times a year

If you had to guess how much urine is contained in a spot found in an inappropriate location, what would it be? smaller than a typical urine puddle in a litterbox about the same size as a typical urine puddle in a litterbox larger than a typical urine puddle in a litterbox

What percentage of urinations occur outside the litterbox? 10% or less 10-50% 50-75%
 near 100%

Is there a certain time of the day or night that inappropriate urination is more likely to occur? Yes
 No If yes, when? _____

Where in the house, other than the litterbox, does your cat urinate? Please list the room(s) of the house as well as the surface (e.g. carpeting, throw rug, sink, bed, dirty clothes on the floor, etc.)

Have you ever witnessed the cat urinating in these inappropriate areas? Yes No
If yes, what did you do?

Does your cat ever use its litterbox while you are observing? Yes No
If yes, does your cat dig/bury as part of its elimination routine? Yes No
Describe any unusual behavior that you have witnessed in the litterbox:

Does your cat seem painful or strain while urinating? Yes No
Has there been any increase in water drinking lately? Yes No
If there are other cats in the house, do they ever hang around the litterbox when this cat is using it? Yes
 No

Can you think of any pattern to the problem (season of the year, day of the week, etc)? Yes No

How old was your cat when this started? _____

Has this problem occurred previously in the cat's life and cleared up for a time? Yes No
If yes, please explain:

Describe the first incident:

Were there any changes associated with the litter or litterbox when the problem started? Yes No
If yes, explain:

What do you think caused the problem to start?

What have you done so far to help/correct the problem?

Is it helping? Yes No If so, how? _____

List anything that you have done that seems to have helped the problem:

List anything that you have done that seems to have made the problem worse:

Is there a type or brand of litter that your cat seems to prefer? Yes No If yes, which?

List all of the brands of litter that you have used and the cat's response to each:

Have you tried different types of litterboxes? Yes No If yes, explain which and the cat's response: _____

Is there a particular room or location within a room that your cat seems to prefer to eliminate in? Yes No If yes, which? _____

Is there a room that your cat does not eliminate in? Yes No If yes, which?

List any drugs that have been tried so far and the cat's response to the medication:

List any over-the-counter products (Feliway, natural remedies) that you have tried and the cat's response to it:

Does your cat seem bothered by any animals (such as other cats) it sees outside? Yes No
If yes, please explain:

Inappropriate defecation

Does your cat ever defecate (have a bowel movement) in places other than the litterbox? Yes No

If yes, answer the following questions about inappropriate defecation

How often does it happen? multiple times a day once a day a few times a week a few times a month a few times a year

What percentage of stools are in places other than the litterbox? _____

Where in the house does it happen?

When is it most likely to happen?

Is the stool consistency normal? Yes No

Does your cat seem painful or strain while defecating? Yes No

Please draw a simple diagram of the floor plan of your house and show litterbox locations and ALL places your cat eliminates. There is no need to send in this floor plan to the office prior to the appointment. Just have it available for Dr. Krause at the appointment. Use the following key to indicate the locations:

Litterbox locations: Use numbers (1,2,3 etc.) to correspond to litterboxes you listed in table on main behavior history form

Site of inappropriate urination: **U**

Site of inappropriate bowel movements: **BM**