

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.

- 1 Your name: _____ Date: _____
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



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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? _____

13 How many litter boxes are in your home? _____

Type: Open Hooded or covered Automatic

Liners used: _____

Deodorizers used: _____

Average size 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: _____
 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 or 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
 Please describe:

28 Is your cat easy to medicate? Yes No



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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).



This questionnaire accompanies the 'AAFP and ISFM Guidelines for Diagnosing and Solving House-Soiling Behaviour in Cats', published in the *Journal of Feline Medicine and Surgery*, July 2014, Volume 16, pp 579–598.



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