



Feline House Soiling Profile

Household Information:

How many cats are in your home? _____ How many litterboxes do you have? _____

Are the litterboxes...? **Covered Uncovered Self-Cleaning**

What type of litter do you use? **Clay Clumping Scented Pellets**

How often are the litter boxes scooped? _____

How often do you dump and fully clean the litterbox? _____

What type of cleaning product do you use on your litterboxes? _____

Where in your home are the litterboxes located? _____

Are there any appliances near the litterboxes that make noise? **YES NO**

If yes, please explain: _____

Has anything changed in your home recently? **New/Rearranged furniture New baby New pet**

Someone moved in/out Remolding Other: _____

Did this change take place before the house soiling? **YES NO**

Have you noticed outdoor cats roaming around your house? **YES NO**

Inappropriate Urination:

Has your cat seen a veterinarian pertaining to this issue? **YES NO**

If yes, what was the treatment provided? _____

How often does your cat urinate outside the litterbox?

Always: Never uses litter box

Daily: At least once a day

Multiple times a week

Couple of times a month

Once a month

More than 6 times a year

Less than 6 times a year

Does your cat generally urinate in the same place? **YES NO**

Please explain where: _____

How long has your cat been urinating outside of the litterbox? _____

Inappropriate Defecation:

Has your cat seen a veterinarian pertaining to this issue? **YES NO**

If yes, what was the treatment provided? _____

How often does your cat defecate outside the litterbox?

Always: Never uses litter box

Daily: At least once a day

Multiple times a week

Couple of times a month

Once a month

More than 6 times a year

Less than 6 times a year

Does your cat generally defecate in the same place? **YES NO**

Please explain where: _____

How long has your cat been urinating outside of the litterbox? _____

Please feel free to tell us any additional helpful comments:
