

The
Cat Doctor
of Dover



Welcome to the Cat Doctor of Dover

Your Cat Our Commitment

House-Soiling Questionnaire

Please fill out as much as possible. Then save and email your form to info@catdoctordover.com

CLIENT INFORMATION

Your name

Spouse/Partner/Alternative Contact Name

Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Email Address

Number of children & ages in your household

PET INFORMATION – Cat with house soiling issues:

Name

Date of Birth/Age

Breed

Color

Sex

Spayed/Neutered

Other pets:

Any other cats in the house? Please indicate their names, ages, and order they arrived into the house:

Any non-cat pets in the house (species, breeds, and ages):

Please answer the following questions regarding the cat with the house soiling issues:

How does your cat interact with family members (humans)?

___ Friendly ___ Aggressive ___ Nervous ___ Avoids Contact

How does your cat interact with strangers (humans)?

___ Friendly ___ Aggressive ___ Nervous ___ Avoids Contact

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? (Check any that apply)

- Playing together Napping together Mutual grooming
 Being aggressive (e.g. hissing, growling, swiping) Running away

Please describe: _____

In general, how do you think your pets get along?

Does your cat go outside?

- Yes No Occasionally sneaks out
 Goes outside supervised Goes outside unsupervised Has pen or outside enclosure

Do you have a cat door or flap to the outdoors?

- Yes No

Type: _____

Can your cat see other animals from inside your home?

- Yes No

If yes, describe (e.g. cats, birds at feeder, etc.): _____

What type of food do you feed our cat?

Canned food _____

Dry food _____

Have you CHANGED the food recently? Yes No

If yes, describe: _____

How many litter boxes are in your home? _____

Type: Open Hooded or covered Automatic

Approximate size in cm or inches? (e.g. 18" x 12") _____

Liners used? _____

Deodorizers Used? _____

Who in your household scoops the litter box? _____

How often? ____ Twice Daily ____ Daily ____ Weekly

Other: _____

Type of litter used:

____ Fine grain (clumping) ____ Non-scented clay ____ Course granules
____ Wood or paper-based pellets ____ Scented ____ Silica granules
____ Corn or wheat-based ____ Garden soil or beads
____ Other: _____

How often do you wash the litter box and what cleaning products do you use?

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

If your cat defecates when house-soiling, how would you describe the stools?

____ Normal ____ Small and hard ____ Soft and watery
____ Blood / mucous ____ Formed in part then softer
____ Other: _____

How long has the house-soiling been occurring? (Approximate how many years, months, weeks)

____ Years _____ ____ Months _____ ____ Weeks _____

Do you remember the first incident?

____ Yes, Describe: _____
____ No.

What kind of surface is targeted?

____ Carpet ____ Wood ____ Vinyl
____ Tile ____ Bedding/clothing ____ Bath/Shower/Sink/Basin
____ Surface or property associated with a particular family member?
____ Other: _____

Is the cat targeting vertical surfaces with urine?

Yes. Around what volume is being passed? _____

No

How often is the house soiling occurring?

Once daily Multiple times daily Weekly

Other: _____

How has the frequency changed since the problem started?

Increased Decreased About the same Don't know

Have there been any recent changes of circumstances or routines in your household?

Recently moved New baby or pet Absence of family member or pet

Other, including work / school schedule changes. Please provide details.

Please detail what you have been doing to clean the soiled areas:

Have you used any physical / verbal response or punishment to the house-soiling? (E.g. rubbing nose in it, spanking, water pistol, shouting, confinement):

Yes. Describe: _____

No

Is your cat easy to medicate?

Yes No Don't know / not applicable

Please describe any other factors, circumstances, or conditions that you suspect might contribute to the house soiling problem, or any specific questions you have about the situation:

**Please save this form with your replies, then send it as an email attachment to info@catdoctordover.com.
You may also fax the completed form to 603-742-1771**

We look forward to assisting you and your cat!