



1915 28th Street  
 Boulder, CO 80301  
 Ph: 303-500-5158  
 Fax: 303-500-8577  
 info@uniquelycats.com

**QUESTIONNAIRE: Feline “Out Of The Box” Elimination**

**CLIENT / PATIENT INFORMATION:**

|                       |  |                            |  |
|-----------------------|--|----------------------------|--|
| <b>Client Name</b>    |  | <b>Client Phone Number</b> |  |
| <b>Patient Name</b>   |  | <b>Age/Date of Birth</b>   |  |
| <b>Breed</b>          |  | <b>Male/Female</b>         |  |
| <b>Color/Markings</b> |  | <b>Intact/Neutered</b>     |  |

Is your cat **urinating** outside of the litterbox?      **Yes**       **No**   
 Is your cat **defecating** outside of the litterbox?      **Yes**       **No**

**If Your Cat Is URINATING and/or DEFECATING Outside The Litterbox:**

**Timeline:**

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When did this problem start? \_\_\_\_\_

Did the onset correlate to any changes in your cat’s health, home, or routine?      **Yes**       **No**

If so, please describe: \_\_\_\_\_

**Litterbox Characteristics:**

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Does your cat use the litterbox?      **Sometimes**       **Never**

If “sometimes,” how often? \_\_\_\_\_

How many litterboxes do you have? \_\_\_\_\_

Please draw a floorplan of your house on the back of this page, and draw a small square “□” to indicate where each litterbox is.

How often do you remove waste from the litterbox? \_\_\_\_\_

How often do you completely clean out the litterbox? \_\_\_\_\_

What brand of litter do you use? \_\_\_\_\_

Have you changed litter brands, either before or after this started?      **Yes**       **No**



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If so, was it before or after?

If after, did changing brands help with the problem at all?

Yes

No

If before, how long before the "Out Of The Box" urination started?

How deep do you keep the litter in the litterbox?

Do you use any litter additives?

Yes

No

If so, what?

Describe your litterbox: (size, covered or not, age, material, depth)

Is your litterbox large enough, and placed in such a way, that your cat can turn around in it without any body part touching an edge or wall?

Yes

No

Do you use litterpan liners?

Yes

No

**Household / Lifestyle:**

How many cats are in the household?

If more than one, please describe their relationship with this cat:

Are there non-feline pets in the household?

Yes

No

If so, what type, how many, and relationship to your cat:

Is your cat allowed to go outdoors at all or ever?

Yes

No

What is the approximate square footage of your home?

How long have you lived at your current address?

How long has your cat lived at your current address?

Are you aware of any cats that show up around your house?

Yes

No

If so, is your cat seeing them and/or interacting with them (as through a glass door)?

Yes

No



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**If Your Cat Is URINATING Outside The Litterbox:**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Have you observed your cat urinating outside of the litterbox?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the "out of the box" urination occurring in multiple locations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the urine passed close to the litterbox?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If urine is passed anywhere other than next to the litterbox, please draw a "U" on the floorplan your drew earlier to indicate EACH urination location. |                          |                          |
| Is your cat urinating on vertical surfaces (walls, furniture, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, is your cat urinating near a door or window?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your cat urinating on horizontal surfaces (floor, rugs, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your cat strain or appear uncomfortable when urinating?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever seen your cat stand in or on the edge of the litterbox and urinate over the side?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your cat have any history of urinary tract problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please describe: _____  |                          |                          |
| Does your cat have any history of arthritis?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your cat have any history of kidney disease?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your cat diabetic?   | <input type="checkbox"/> | <input type="checkbox"/> |

**If Your Cat Is DEFECATING Outside The Litterbox:**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Have you observed your cat defecating outside of the litterbox?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the "out of the box" defecation occurring in multiple locations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the stool passed close to the litterbox?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If stool is passed anywhere other than next to the litterbox, please draw a "X" on the floorplan your drew earlier to indicate EACH defecation location. |                          |                          |
| Is your cat defecating near a door or window?  | <input type="checkbox"/> | <input type="checkbox"/> |



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|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Does your cat strain or appear uncomfortable when defecating?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever seen your cat stand in or on the edge of the litterbox and defecate over the side? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your cat cover its feces when/if in the litterbox?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your cat have any history of gastrointestinal problems?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your cat have any history of arthritis?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do your cat's stools look normal (as opposed to loose, discolored, hard, etc.)?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, please describe: _____  |                          |                          |

**Medical History:**

If your cat has any history of medical problems not addressed above, please describe here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medications:**

| Name of Drug | Dose | Frequency Given | Route Given | Reason Given |
|--------------|------|-----------------|-------------|--------------|
|              |      |                 |             |              |
|              |      |                 |             |              |
|              |      |                 |             |              |
|              |      |                 |             |              |

**Print name:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_