

# Cat's Litter Box Usage



**The purpose of this form is to determine if there is a medical or behavioral basis for your cat's litter box problems so we can provide the best support for them in a new home.**

Does your cat urinate/defecate outside of the litter box?  Yes  No If yes:  Urinate  Defecate  Both

Where does your cat eliminate when not using the litter box? *Check all that apply*

- Next to the box
- In bathtub/shower
- Other, please explain: \_\_\_\_\_
- On carpet or rug
- Spraying on vertical surface
- On clothes/towels/bedding
- On tile/wood/concrete
- On furniture

When your cat urinates, do they:  Spray  Full volume void  Small volume void

How long has your cat had litter box problems?  All life  Past year  Past month  Other: \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you seen a veterinarian about the problem?  Yes  No

If yes, did the veterinarian do a urinalysis on your cat?  Yes  No

What treatment was prescribed for this problem?  None  Antibiotics  Anti-anxiety medication

Other, please explain: \_\_\_\_\_

Was the problem resolved?  Yes  No  Ongoing problem  Only occasional relapse

Are there other animals in your home?  No  Other cats  Dogs  Rodents  Birds  Other

If so, how many? \_\_\_\_\_

How did this cat behave towards the other animals in the house? \_\_\_\_\_

Please provide information about the litter box(es) available to this cat:

**Litter Box Type:** *Check all that apply*

- Standard pet store plastic
- Covered
- Self-cleaning
- Specialty large plastic
- Uncovered
- Other: \_\_\_\_\_

**Litter Type:** *Check all that apply*

- Clumping
- Pellet
- Unscented
- Non-clumping
- Crystals or pearls
- Other: \_\_\_\_\_
- Clay
- Scoop-able
- Pine litter
- Scented

Any other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_