Te	ear 'N Share
	House-soiling: Caregiver Questionnaire
	Answers provided to these questions will assist the veterinary team to help with the house-soiling occurring in your home. Select all boxes that apply and be detailed in your responses. Excerpted from AAFP and ISFM Guidelines for Diagnosing and Solving House-Soiling Behavior in Co
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 Repelling/Confrontational Nervous Avoids contact Who is your cat's favorite person:
4.	How does your cat interact with strangers? 📮 Friendly 📮 Repelling/Confrontational 📮 Nervous 📮 Avoids contact
5.	Name and age of other cats. Please list by the order they arrived into the house:
6.	Other pets (species, breeds, and ages):
7.	If you have other cats or pets in the home, have you recently seen your cat responding to them in any of these ways? Playing together Sleeping together Mutual grooming 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 out supervised 🗅 Goes out unsupervised 🗅 Has pen or outside enclosure
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?
12.	What food do you feed your cat? 🖸 Canned: 🖬 Dry: Have you changed it recently?
13.	How many litter boxes are in your home? Size of litter box(es): Type: Open Hooded or covered Automatic Do you use: Liners Deodorizers
14.	Who scoops the litter box? How often: Twice daily Daily Weekly Other:

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15.	Types of litter used: Fine grain (clumping) Non-clumping clay Coarse granules Scented Garden soil Wood or paper-based pellets Silica granules or beads Corn or wheat-based 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 Bloody Sticky consistency Passed more/less frequently than usual
18.	If your cat defecates when house-soiling, how would you describe the stools? I 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: 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 occurring? 🖸 Once daily 📮 Multiple times daily 📮 Weekly 📮 Other:
24.	How has the frequency changed since the problem started? 🗖 Increased 📮 Decreased 📮 The same 📮 Don't know
25.	Have there been any changes recently (or around when the house-soiling started)? Move 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 (e.g., 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 🗳 Don't know
29.	What are your preferred formulations for any medications?
30.	Draw a basic house floor plan on a separate sheet of paper. 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 d = Scratching post locations
	b = House-soiling locations e = Food and water bowl locations
	c = Windows and doors $f =$ Cat doors or flaps
	For more information about house spilling visit catfriandly com/house spilling

For more information about house-soiling, visit catfriendly.com/house-soiling.