



## Inappropriate Urination Questionnaire

### General Information

Name of Pet Parent:

Address:

Email Address:

Phone Number:

Kitty Patient's Name:

### KITTY'S MEDICAL HISTORY

Does your kitty have a history of: (Check all that apply)

UTI    Crystals    Stones    Blockages    Cystitis    Kidney Disease

If yes, please include details and what treatment was prescribed:

Have you observed any of the following:

Blood in pee    Crying while peeing    Abnormal urine color  
 Drinking more water    Heartier appetite    Weight Loss    Weight Gain

Has your kitty been diagnosed with hyperthyroidism?    Yes    No

If so, are they receiving medication?    Yes    No

### Detailed Information of Condition

Does your kitty pee in the litter pan daily?    Yes    No

How frequently does your kitty pee outside the litter pan? \_\_\_\_\_

Is your kitty peeing on the floor near the litter pan?    Yes    No

Is your kitty peeing on the bed or furniture?    Yes    No

In order to prevent your kitty's unwanted urinating, which of the following have you tried:

Use of enzyme cleaners    Use of bleach    Use of potty pads  
 Use of a shower curtain to cover area where they eliminate  
 Use of a blanket to cover area where they eliminate    Other techniques, Describe in detail:

Is your kitty spraying vertically on walls or furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where does your kitty pee most frequently?
Do you find a regular, small amount or just a few drops of pee outside of the litter pan?
Does your kitty pee horizontally and/or vertically? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
If peeing/spraying happens by a window or exterior door, have you noticed any feral/stray cats roaming close to your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does your kitty become upset? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you changed any of your daily habits/routine? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe in detail:
Have you recently gone on a trip? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does your kitty become upset? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did any changes occur in your home prior to the undesirable behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No (Divorce, new pet, a move, new companion, change to home or environment) Explain:

### Multi Kitty/Pet Households

Has there been any hissing or fighting between your kitties? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any hissing/fighting between your kitty and another pet? (e.g your dog) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you witnessed your kitties having a standoff? (e.g. staring intensely at each other) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you witnessed your kitties blocking pathways and access to each other's resources? (e.g. food and litter pan) <input type="checkbox"/> Yes <input type="checkbox"/> No



Is your kitty scared of any other kitty/pet in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do your kitties eat together? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do your kitties sleep and snuggle together? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do your kitties groom each other? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anything specific that might have upset your kitty? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Do all your pets receive an equal amount of attention? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do all your pets get an equal amount of play time with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
If your kitty does something good, do you praise or reward them? <input type="checkbox"/> Yes <input type="checkbox"/> No

## DISCIPLINE

Do you scream at or scold your kitty when they pee outside the litter pan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you punish your kitty when they pee outside of the litter pan? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, describe how you discipline your kitty after they have peed:
Do you use any calming products to help with your kitty's anxiety and stress? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which of the following have you used?
<input type="checkbox"/> Calming pheromone spray <input type="checkbox"/> Calming pheromone diffuser <input type="checkbox"/> Calming collar <input type="checkbox"/> Calming drops or supplements <input type="checkbox"/> Other: list below
Other:



## Litter Pan Information

How many litter pans do you have in your home? \_\_\_\_\_

Please list the type of pan(s) and their location:

Litter Box Location	Type of Box	Type of Litter
1.		
2.		
3.		
4.		
5.		
6.		

Do you have any litter pans in cabinets, furniture or faux plant pots?  Yes  No

Are your kitties' litter pans spread out throughout your home or are they all in one location?  Spread out  
 One location

Are your kitties' litter pans in a corner with only one entrance?  Yes  No

Are your kitties' feeding & water stations close to the litter pan?  Yes  No

How frequently do you scoop the litter pan?

How frequently do you wash the litter pans?

How frequently do you replace the litter?

Do you use a litter pan liner?  Yes  No

Do you use an air freshener close to or inside your kitty's litter pan?  Yes  No

Have you purchased a new litter pan recently?  Yes  No

Have you switched litter brands recently?  Yes  No

Have you moved the litter pan to a new location recently?  Yes  No

Have you used any attractant in your kitty's litter pan recently?  Yes  No



## Comments

Please list any other comments you may have:



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