

HOUSE-SOILING: Cat Owner Questionnaire

Thank you for filling out this questionnaire. Your answers give us the information we need to help you with house-soiling problems occurring in your household. Please check every box that applies and enter additional information where needed.

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 Aggressive Nervous Avoids contact
Who is your cat's favorite person: _____

4 How does your cat interact with strangers?
Friendly Aggressive Nervous Avoids contact

5 Name and age of other cats. Please label the order they arrived into the house: _____

6 Other pets (species, breeds and ages): _____

7 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?
Playing together Sleeping together Mutual grooming
Being aggressive (eg, 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 outside supervised Goes outside unsupervised Has pen or outside enclosure



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: _____

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 soiling occurring?
 Once daily _____ Multiple times daily _____ Weekly _____
 Other: _____

24 How has the frequency changed since the problem started?
 Increased _____ Decreased _____ Remained the same _____ Don't know _____

25 Have there been any changes recently (or around when the house-soiling started)?
 Moved 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 (eg, 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 _____



QUESTIONNAIRE / House-soiling

29 What are your preferred formulations for any medications?

Pills

Medication in food

Oral liquids

Transdermal gel (where available)

30 **Draw a basic house floor plan** in the box below (or on a separate sheet). 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

b = House-soiling locations

c = Windows and doors

d = Scratching post locations

e = Food and water bowl locations

f = Cat doors or flaps

Please number the house-soiling locations in chronological order in terms of when you became aware of deposits in those locations (eg, b1, b2, etc).



This questionnaire accompanies the 'AAFP and ISFM Guidelines for Diagnosing and Solving House-Soiling Behaviour in Cats', published in the *Journal of Feline Medicine and Surgery*, July 2014, Volume 16, pp 579–598.



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