Feline Inappropriate Elimination Profile

Many elimination problems can be solved relatively easily. Please take the time to fill out this information as thoroughly and accurately as possible. In addition to filling out this form, we strongly encourage you to contact our feline behavior specialist at (608) 838-0413 ext. 148 to discuss the situation and to find possible solutions that may allow you to keep your cat. The answers to these questions will help us to assess the extent of the cat's elimination problems in order to determine the cat's adoptability. Missing or incomplete answers may affect this cat's chances of finding a new home.

Cat's Name: _____________________________________  Age: ______________________

Is this cat:  □ Urinating out of the box  □ Defecating out of the box  □ Both

Is this cat:  □ Male  □ Female  Is this cat spayed or neutered?  □ Yes  □ No

How long has this problem been going on? ________________________________

How often does the cat not use the litter box? _____________________________

Is this the first time you have noticed the problem?  □ Yes  □ No

If not, when was the last time the cat had a problem using the litter box? ______________

If the cat is urinating out of the box, what sort of posture does he or she have?

□ Squatting, with rear end near the floor  □ Standing, tail straight up in the air

Have you taken this cat to a veterinarian since the problem began?  □ Yes  □ No

Since the problem began, has this cat been tested for a urinary tract infection?  □ Yes  □ No

If yes, when was the cat tested and what was the result and/or treatment? ______________

Since the problem began, has this cat been tested for intestinal parasites?  □ Yes  □ No

If yes, when was the cat tested and what was the result and/or treatment? ______________

Has the cat had a history of health problems that could be related to the elimination problems (urinary tract problems, kidney disease, diabetes, parasites, food allergies, etc)?  □ Yes  □ No

If yes, please describe the problems. _______________________________________

Are there other cats in your household?  □ Yes  □ No

If yes, for each cat please list their age, sex, and if the cat is spayed or neutered: ___________
Is this cat the only cat with litter box issues, or are there other cats in your home with litter box issues?

If it is only this cat, please describe how you determined that it was only this cat and not more than one cat:

How many litter boxes are available to this cat? __________

Where are the boxes located? Please be specific:

How many of these boxes are:  Covered: _______  Uncovered: _______

Have any of the boxes changed location recently?  □ Yes  □ No

   If yes, please explain where to and why the boxes were moved:

What brand of cat litter do you use? ____________

Is this litter:  □ Scoopable (clumping litter)  □ Non-scoopable (clay litter)

Is this litter:  □ Scented  □ Unscented

Have you changed brands of litter recently?  □ Yes  □ No

   If yes, when and why did you change brands?

How often do you scoop the waste from the litter box? ____________

How often do you completely clean the box (dump out the litter, wash the box out and refill it with clean litter)? ____________

Do you use litter box liners?  □ Yes  □ No

Do you use any litter box additive (baking soda, fresh scent powder, etc)?  □ Yes  □ No

   If so, what is the name of the product?

List all the places that the cat has eliminated inappropriately. Please be specific.

What do you use to clean the soiled area (list specific product names): ____________
Do you discipline the cat for failing to use the litter box?  □ Yes  □ No

If yes, how do you discipline the cat? ____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Have there been any changes in your household or lifestyle prior to this problem? (Consider things from the cat’s point of view: new pet, new baby, guests visiting, new furniture, construction outside, remodeling, etc): _____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

What steps have you taken to try to correct this problem?

□ Added litter boxes: Number added: ______ Location: ________________________________

□ Cleaned boxes more frequently. How frequently? _________________________________

□ Offered new litter brands/types □ Removed box covers □ Stopped using box liners

□ Used deterrents to keep cat out of areas frequently soiled (e.g. upside-down carpet runners, bowls of food, citrus air fresheners, motion detectors, etc.) Which deterrents used? ______________________________

□ Spoke with veterinarian to try and solve problem. Course of action tried: ____________________________
______________________________________________________________________________________

□ Put cat on medication. If so, what type and for how long: ______________________________
______________________________________________________________________________________

□ Tried to reduce cat’s stress level. If so, how: ____________________________________________
______________________________________________________________________________________

□ Tried to reduce inter-cat tensions. If so, how: ____________________________________________
______________________________________________________________________________________

□ Other: _________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Please be aware that a cat with elimination problems can be a very difficult cat to find a new home for. With relatively simple changes to some of the things listed above, many cats can be encouraged to use their litter box consistently. Again, please consider discussing this situation with DCHS staff to determine if it is likely that these problems can be solved.

Reviewed By: ____________________________(Office Use Only)