

Urinary Problem Questionnaire

Please answer the following questions:

Is your cat using his litter box? Yes No

If no, where is he urinating? _____

Does he defecate in his box? Yes No

Is he Spraying or Squatting?

Have you noticed if he is straining? Yes No

Have you seen blood in his urine? Yes No

When did you first notice a problem? _____

Is he drinking more water than usual? Yes No

How many cats are in your household? _____

How many litter boxes do you have? _____

Which kind of litter do you use? Clumping or Non-clumping

How often do you scoop the box? Daily 2x Daily Weekly

How often do you clean all the boxes? Daily 2x Daily Weekly

Did you recently change litter brands? Yes No

Do the litter boxes have hoods? Yes No

Do the litter boxes have liners? Yes No

Have you recently moved? Yes No

Any new stresses in your life, such as a new pet, new baby, new job schedule, etc.?

Yes No

Is your cat displaying other signs? Weight loss Vomiting Diarrhea
 Listlessness Appetite loss Other

What do you feed your cat? _____

Which do you prefer to give your cat? Liquid or Tablets

Signature _____ Phone # _____ Date _____