



ID# _____

Litter Box Behavior

Is your cat urinating or defecating outside of the litter box? (circle one) **Y / N**

Which one? _____

Where is your cat going to the bathroom instead of the litterbox? _____

Is the cat spraying (vertical) or urinating (horizontal)? _____

How many litter boxes are in your home? _____ How many cats are in your home? _____

Is your cat declawed? (circle one) **Y / N**

If YES, at what age was the cat declawed? _____

Are there many animals outside of your home? Neighborhood cats, feral colony, coyotes, etc...

What types of boxes have you tried? (Circle all that apply)

open-air

self-cleaning

top entry

swing door

hooded box

other: _____



What types of litter have you tried? (Circle all that apply)

clumping

non-clumping

clay

corn

crystal

recycled paper

pine

biodegradable

scented/unscented

Has your cat been seen by a veterinarian for this behavior to rule out a medical condition? (circle one) **Y / N**

Explain: _____

Is your cat on any medications/ supplements? (circle one) **Y / N**

Explain: _____

How often do you scoop the litterbox? _____

How often do you change the litter in the box? _____

What brand and type of food(s) does this cat eat? (Circle all that apply) **wet** **dry** **both**

Brand: _____