

**BYTOWN CAT HOSPITAL**  
**URINARY/DEFECATION DISORDER QUESTIONNAIRE**

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Offending Pet's Name: \_\_\_\_\_

Sex: M F M(N) F(S) Age: \_\_\_\_\_

**List other household pets:**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M F M(N) F(S)  
Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M F M(N) F(S)  
Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M F M(N) F(S)  
Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M F M(N) F(S)

**Does the problem cat get along with the other household pets? N or Y Explain** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What problems have you noticed with your cat?**

1. Urinating outside the litterbox? **N** or **Y** If yes, then for how long? \_\_\_\_\_
2. Spraying urine? **N** or **Y** If yes, then for how long? \_\_\_\_\_  
\*Note: Spraying is territorial marking by spraying small amounts of urine horizontally onto vertical objects
3. Defecating outside the litterbox? **N** or **Y** If yes, then for how long? \_\_\_\_\_
4. a) Straining when urinating? **N** or **Y** b) Straining when defecating? **N** or **Y**
5. a) Blood in urine? **N** or **Y** b) Blood in feces? **N** or **Y**
6. Increased trips to the litterbox? **N** or **Y** If yes, then for how long? \_\_\_\_\_
7. Vomiting? **N** or **Y** If yes, then for how long? \_\_\_\_\_
8. Diarrhea? **N** or **Y** If yes, then for how long? \_\_\_\_\_
9. Weight Loss? **N** or **Y** If yes, then for how long? \_\_\_\_\_
10. Loss of appetite? **N** or **Y** If yes, then for how long? \_\_\_\_\_
11. Increased water intake? **N** or **Y** If yes, then for how long? \_\_\_\_\_
12. Any other problems? **N** or **Y** If yes, then for how long? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous illnesses:**

Have any of the following illnesses ever been diagnosed in you cat?

- a) Bladder Infection? **N** or **Y** If yes, then how long ago? \_\_\_\_\_
- b) FUS/Crystals in bladder? **N** or **Y** If yes, then how long ago? \_\_\_\_\_
- c) Bladder Stones? **N** or **Y** If yes, then how long ago? \_\_\_\_\_
- d) Kidney Problems? **N** or **Y** If yes, then how long ago? \_\_\_\_\_
- e) Any other major issues? \_\_\_\_\_

\_\_\_\_\_

**List the room(s) where the problem occurs:**

Room

Approximate # of occurrences

---

---

---

---

---

---

---

---

**Does the problem occur...**

- |                             |                      |                    |                      |
|-----------------------------|----------------------|--------------------|----------------------|
| a) In plant pots?           | <b>N</b> or <b>Y</b> | f) Near entrances? | <b>N</b> or <b>Y</b> |
| b) In sinks/bathtubs?       | <b>N</b> or <b>Y</b> | g) Near windows?   | <b>N</b> or <b>Y</b> |
| c) In loose earth basement? | <b>N</b> or <b>Y</b> | h) On plastic?     | <b>N</b> or <b>Y</b> |
| d) On carpeting?            | <b>N</b> or <b>Y</b> | i) On clothes?     | <b>N</b> or <b>Y</b> |
| e) On wood/tile floors?     | <b>N</b> or <b>Y</b> | j) On bedding?     | <b>N</b> or <b>Y</b> |

**Where did it first occur?** \_\_\_\_\_  
\_\_\_\_\_

**Do(es) your cat(s) go outside?** **N** or **Y**

**If yes, does he/she fight with neighbourhood cats?** **N** or **Y**

**Do the neighbourhood cats...**

- |  |                      |
|--|----------------------|
| a) Sit on your window sills?               | <b>N</b> or <b>Y</b> |
| b) Spray urine outside your home?          | <b>N</b> or <b>Y</b> |
| c) Antagonize your cat(s) through windows? | <b>N</b> or <b>Y</b> |

**Litterbox...**

- a) How many litterboxes are there? \_\_\_\_\_
- b) What type is it/are they? (i.e. covered, charcoal filter, plain tray etc.) \_\_\_\_\_  
\_\_\_\_\_
- c) What size are they? \_\_\_\_\_
- d) Do you use a plastic liner system? \_\_\_\_\_
- e) Where are they located? \_\_\_\_\_  
\_\_\_\_\_

f) What type of litter do you use?

- |  |  |
|--|--|
| <input type="checkbox"/> Plain clay granules             | <input type="checkbox"/> Clumping or similar sand-like litters that clump when urinated in |
| <input type="checkbox"/> Earth                           | <input type="checkbox"/> Sand  |
| <input type="checkbox"/> Cedar shavings                  | <input type="checkbox"/> Shredded Newspaper  |
| <input type="checkbox"/> Yesterday's News/recycled paper | <input type="checkbox"/> Ground corn cobs  |

**How often do you change the litterbox(es)?**

Change litter:

- Daily
- Every 2-3 days
- Every 4-5 days
- Weekly
- Bi-weekly
- More

Scoop out feces:

- Daily
- Every 2-3 days
- Every 4-5 days
- Weekly
- Bi-weekly
- More

**When changing the box, do you...**

- |                                 |                      |                      |                      |
|---------------------------------|----------------------|----------------------|----------------------|
| a) Just change the litter?      | <b>N</b> or <b>Y</b> | d) Use detergent?    | <b>N</b> or <b>Y</b> |
| b) Wash out the box with water? | <b>N</b> or <b>Y</b> | e) Use disinfectant? | <b>N</b> or <b>Y</b> |
| c) Use soap?                    | <b>N</b> or <b>Y</b> |                      |                      |

**What is your cat's diet?**

Brand	Type (dry/wet)	% of diet
_____	_____	_____
_____	_____	_____

**What changes have occurred recently?**

- a) Change in litterbox location? \_\_\_\_\_
- b) Change in number of litterboxes? \_\_\_\_\_
- c) Change in type or brand of litter? \_\_\_\_\_
- d) Change in cleaning of litterbox? \_\_\_\_\_
- e) Change in diet? \_\_\_\_\_
- f) Addition of new pet? \_\_\_\_\_
- g) Household move? \_\_\_\_\_
- h) Major change in cat's activity (goes outdoors now etc.) \_\_\_\_\_
- i) Arrival of new baby/other person? \_\_\_\_\_
- j) Death/departure of family member? \_\_\_\_\_
- k) Less attention paid to cat? \_\_\_\_\_

**In the section below, please an approximate room layout of your home. Label rooms and indicate where the problem(s) is(are) occurring. Also mark the litterbox location(s).**

# Kitty Stress-o-Meter

Just like us, stress in cats may affect their health - with urinary issues being one of the more noticeable.

Answer the questions below and add up the score to see if your cat could be at risk.

In the case of non-applicable questions please score zero.

## 1. Where does she live

- 2 Only Indoors       2 Only Outdoors       0 Access to Indoors and Outdoors

## 2. In the case of multi-cat households

- 2 All cats use the same feeding bowls       0 Each cat has its own feeding bowl or there are multiple feeding bowls around the house

## 3. In the case of multi-cat households

- 2 All cats use the same litter tray       0 There are multiple litter trays around the house

## 4. If an indoor & outdoor cat, we have

- 1 one permanent access point       0 one access point per cat       2 Cats are allowed access on demand

## 5. What kind of access do they have to water

- 2 Waterbowl       0 Water fountain       1 Tap

## 6. Is your cat

- 2 underweight       0 at ideal weight       1 carrying a little extra weight       2 carrying a lot of extra weight

## 7. How much activity time / playtime / interaction does your cat get a day

- 3 Not Much       1 Up to an hour       2 More than one hour

## 8. Do you find your cat urinating / defecating / spraying in inappropriate places

- 4 Yes       0 No

## 9. Does your cat have access to designated elevated areas

- 0 Yes       3 No

## 10. Does your cat have a scratching post

- 0 Yes       3 No

## 11. Do you have neighbouring cats invading your territory

- 3 Yes       0 No

## 12. Does your cat hide from household activity or keep to itself

- 3 Yes       0 No

## 13. Has there been changes in her home environment in the last 6 months

- 4 Change in household dynamics - new additions, departures. Consider both pets and people including household staff.       4 Major disruptions such as building or moving       4 New pet in the neighbourhood

## 14. If you have other pets

- 2 Do they avoid each other       0 Are they in each others company all the time       3 Does one prevent the other from having access to necessities like litter trays / access points / bowls

## 15. Rate how often you observe any these behaviours in your cat:

Hiding, escaping, running away, hissing, growling, calling, swatting, biting, attacking, puffs up fur or tail

- 0 never       1 rarely       4 sometimes       10 often















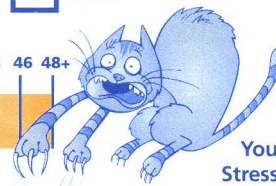

Add it up



Calm

0 2 4 6 8 10 12 14 16 18 20 22 24 28 30 32 34 36 38 40 42 44 46 48+

Stressed



Your Cat's Stress Score



RECOMMENDED  
BY VETERINARIANS  
WORLDWIDE

Food with the right ingredients can help.

Ask your vet about Hill's Prescription Diet c/d Urinary Stress