



**Complete,
Compassionate Care for Cats**
1010 College Avenue Wheaton, Illinois 60187
Telephone 630.690.4949 Fax 630.690.8323
www.collegestationcat.com

Cat's Name _____ Last Name _____ Date _____

Litter Box Questionnaire

Is your cat using the litter box for urine? YES No

Is your cat using the litter box for stool? YES No

If no, where are you finding stool/urine? _____

Have you actually seen your cat going out of the box? YES No

Have you noticed if your cat is straining? YES No

Have you seen blood in the stool/urine? YES No

Is your cat Spraying Squatting?

When did you first notice a problem? _____

How many cats are in the household? _____

How many litter boxes are in the household? _____

Where are the litter boxes located? _____

What kind of litter do you use: Clumping Non-clumping Brand _____

How often do you scoop the box? _____ How often do you clean the box(es)? _____

Have you used any cleaning product on the accidents? _____ If yes, what? _____

Did you recently change litter brands? _____

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: new pet, new baby, new job, new schedule, remodeling, etc.?

YES No

Are there any other signs? Weight loss vomiting Diarrhea Increased thirst
 Increased urine Increased Appetite

Medication	Instructions	When is next dose due?