

# HOUSE-SOILING: Cat Owner Questionnaire

**Thank you for filling out this questionnaire. Your answers give us the information we need to help you with house-soiling problems occurring in your household. Please check every box that applies and enter additional information where needed.**

1 Your name: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse, partner or roommate: \_\_\_\_\_  
Children and ages: \_\_\_\_\_

2 Cat's name, age, sex and breed: \_\_\_\_\_

3 How does your cat interact with family members?  
Friendly                      Aggressive                      Nervous                      Avoids contact  
Who is your cat's favorite person: \_\_\_\_\_

4 How does your cat interact with strangers?  
Friendly                      Aggressive                      Nervous                      Avoids contact

5 Name and age of other cats. Please label the order they arrived into the house: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 Other pets (species, breeds and ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 If you have other cats or pets in the household, have you recently seen your cat responding to them in any of the following ways?  
Playing together                      Sleeping together                      Mutual grooming  
Being aggressive (eg, hissing, growling, swiping)                      Running away  
Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 How do you think your pets get along? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 Does your cat go outside?  
Yes                      No                      Occasionally sneaks out  
Goes outside supervised                      Goes outside unsupervised                      Has pen or outside enclosure



**QUESTIONNAIRE / House-soiling**

10 Do you have a cat door or flap to the outdoors?  
Yes No  
Type: \_\_\_\_\_

11 Can your cat see other animals from inside your home?  
Yes No  
If yes, describe (ie, cats, birds at feeder, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12 What type of food do you feed your cat?  
Canned food: \_\_\_\_\_  
Dry food: \_\_\_\_\_  
Have you changed the food recently? \_\_\_\_\_

13 How many litter boxes are in your home? \_\_\_\_\_  
Type: Open Hooded or covered Automatic  
Liners used: \_\_\_\_\_  
Deodorizers used: \_\_\_\_\_  
Average size in cm or inches: \_\_\_\_\_

14 Who scoops the litter box? \_\_\_\_\_  
How often: Twice daily Daily Weekly  
Other: \_\_\_\_\_

15 Type of litter used:  
Fine grain (clumping) Non-clumping clay Coarse granules  
Wood or paper-based pellets Scented Silica granules or beads  
Corn- or wheat-based Garden soil  
Other: \_\_\_\_\_

16 How often do you wash the litter box and what cleaning products do you use? \_\_\_\_\_  
\_\_\_\_\_

17 If your cat urinates when house-soiling, how would you describe the urine?  
Normal Large volume Small volume  
Strong odor Sticky consistency Bloody  
Passed more/less frequently than usual

18 If your cat defecates when house-soiling, how would you describe the stools?  
Normal Small and hard Soft and watery  
Blood/mucus Formed in part, then softer  
Other: \_\_\_\_\_



19 How long has the house-soiling been occurring?  
 Years: \_\_\_\_\_ Months: \_\_\_\_\_ Weeks: \_\_\_\_\_

20 Do you remember the first incident?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21 What kind of surface is targeted?  
 Carpet \_\_\_\_\_ Wood \_\_\_\_\_ Vinyl \_\_\_\_\_  
 Tile \_\_\_\_\_ Bedding/clothing: \_\_\_\_\_ Bath/shower/sink/basin \_\_\_\_\_  
 A particular family member: \_\_\_\_\_  
 Other: \_\_\_\_\_

22 Is the cat targeting vertical surfaces with urine?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what volume is being passed? \_\_\_\_\_

23 How often is the house-soiling soiling occurring?  
 Once daily \_\_\_\_\_ Multiple times daily \_\_\_\_\_ Weekly \_\_\_\_\_  
 Other: \_\_\_\_\_

24 How has the frequency changed since the problem started?  
 Increased \_\_\_\_\_ Decreased \_\_\_\_\_ Remained the same \_\_\_\_\_ Don't know \_\_\_\_\_

25 Have there been any changes recently (or around when the house-soiling started)?  
 Moved to new home \_\_\_\_\_ New baby or pet \_\_\_\_\_ Absence of family member/pet \_\_\_\_\_  
 Other (including work/school schedule changes, please provide details): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26 Please detail what you have been doing to clean the soiled areas: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

27 Have you used any physical punishment in response to the house-soiling (eg, rubbing nose in the urine or stool, spanking, water pistol, shouting, confinement)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

28 Is your cat easy to medicate? Yes \_\_\_\_\_ No \_\_\_\_\_



**QUESTIONNAIRE /** House-soiling

29 What are your preferred formulations for any medications?

Pills

Medication in food

Oral liquids

Transdermal gel (where available)

30 **Draw a basic house floor plan** in the box below (or on a separate sheet). This is very important but it does not have to be to perfect scale. Mark all items listed below on the house floor plan so we can get a feeling for the environment where your cat lives.

a = Litter box locations

b = House-soiling locations

c = Windows and doors

d = Scratching post locations

e = Food and water bowl locations

f = Cat doors or flaps

Please number the house-soiling locations in chronological order in terms of when you became aware of deposits in those locations (eg, b1, b2, etc).



This questionnaire accompanies the 'AAFP and ISFM Guidelines for Diagnosing and Solving House-Soiling Behaviour in Cats', published in the *Journal of Feline Medicine and Surgery*, July 2014, Volume 16, pp 579–598.



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