



Ottawa Humane Society

Feline House Soiling Questionnaire

Shelter Number: _____ Date: _____

When did you first notice that this cat was house soiling? _____

Do you have other pets in the house? Any recently acquired? _____

Do you have any other cats? how many? How many litter boxes do they have access to? _____ Are they all spayed or neutered? _____

What type of litter do you use? _____

Did you change the brand or type of litter in the last few months?

What type of litter box were you using? (covered, open, etc.) _____

How large is/are the litter box(es)? small standard extra large

Where is the location of the litter box? _____

Did you change the location(s) of the litter box(es) in the last few months? _____

How long do you think this cat has been house soiling? _____

What exactly did the cat do? (urinate defecate outside the litter box, out in the open in the corner or behind the furniture.) _____

Was it always at a specific time of the day or night? _____

Did anything change within a few months or so before the soiling started? (new baby, moved, schedule changes, renovations, etc.) _____

Was your Veterinarian able to rule out the possibility of a bladder infection or other medical issues? _____

Does the cat have any known medical or behavioral issues? (allergies, etc.)

Were there any steps you were able to take to try and correct the problem?

Has the cat had other owners that you know of?

Is this cat strictly an indoor cat? was this cat previously an indoor/outdoor cat?

Is there anything else that could have affected the house soiling that you can think of? _____
