

**PATIENT DROP OFF – INAPPROPRIATE ELIMINATION**

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of elimination problem: Urination Defecation

When did the problem start? \_\_\_\_\_

How often does your cat eliminate outside the box? \_\_\_\_\_

Where is your cat urinating (room, surface, etc.)? \_\_\_\_\_

How does your cat act in the litter box (digs, leaves waste uncovered, perches on edge, meows, misses, etc.)? \_\_\_\_\_

How many cats do you have? \_\_\_\_\_ How many litter boxes do you have? \_\_\_\_\_

What brand(s) of food do you currently feed your cat? \_\_\_\_\_ Dry \_\_\_\_\_ Wet \_\_\_\_\_

For each litter box, please indicate whether it is:  
Covered (C), Uncovered (U), or Mechanical (M) Box 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_

For each litter box, please indicate whether it has a liner (yes/no):  
Box 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_

Please indicate which substrates are used in which boxes (use box #):  
Clay \_\_\_ Clumping \_\_\_ Newspaper \_\_\_ Pine \_\_\_ Crystals \_\_\_ Other \_\_\_\_\_

Is there a deodorizer in or near the litter box? \_\_\_\_\_

Please indicate how deep the litter in each box is (use box #):  
Less than 1 inch \_\_\_ 1 to 2 inches \_\_\_ 2 to 4 inches \_\_\_ Greater than 4 inches \_\_\_

In which rooms are the litter boxes located? \_\_\_\_\_

The litter box is: Near a Wall In a Corner Under/Behind Furniture In the Open Other

Is your cat's food or bed near the litter box? \_\_\_\_\_

How often are litter clumps and feces removed? \_\_\_\_\_

How often is the litter changed? \_\_\_\_\_ How often is the box washed? \_\_\_\_\_

What kind of relationships do your pets have with each other (be specific, especially regarding attitudes between the offending cat and the others)? \_\_\_\_\_

When does your cat eliminate outside the box? Morning / Afternoon /Evening /Night /When owner is gone

Had anything changed at the time the inappropriate behavior began (new - home, furniture, baby; guests, etc)? \_\_\_\_\_

What have you already tried to prevent inappropriate elimination? \_\_\_\_\_

Is/has your cat been treated for this problem? \_\_\_\_\_ If yes, is he/she on any medications/food for this problem (please list meds/dosage/food)? \_\_\_\_\_

Please initial **one** option:  
\_\_\_\_\_ I authorize any lab work, x-rays, and/or ultrasound if deemed necessary by the doctor.  
\_\_\_\_\_ Please contact me before doing lab work, x-rays and/or ultrasound.

It may be necessary to sedate your kitty for 1 or more of the above procedures. Please initial your authorization: \_\_\_\_\_ I authorize sedation if deemed necessary by the doctor.

I can be reached at this phone number today: \_\_\_\_\_ Approximate pick up time: \_\_\_\_\_  
For Schedule II-IV drugs dispensed for more than 48 hours, owner's birthdate \_\_\_/\_\_\_/\_\_\_