



Cat Litter Box Issues Questionnaire

This will help us to be able to identify what might be causing your cat to have litter box issues, and what may be able to be done to rectify the situation. Please take the time to be as complete and honest as possible in all your answers.

Animal Basic Information	
Cat's Name:	Cat's Age: _____ Years _____ Months
Cat's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No

Owner Contact Information
Owner Name:
Owner Phone Number (with Area Code):
Owner Email Address:

Declawing	
Declawed: <input type="checkbox"/> Yes – Front Only <input type="checkbox"/> Yes – Back Only <input type="checkbox"/> Yes – Front & Back <input type="checkbox"/> No	
If IS Declawed:	
Age when Declawed: _____ Years _____ Months <input type="checkbox"/> Was declawed before I owned it	Veterinary Clinic/Hospital Name Where Performed:

History	
Length of Ownership: _____ Years _____ Months	Number of Previous Owners:
Cat Came From: <input type="checkbox"/> Found as stray <input type="checkbox"/> Breeder/Pet shop <input type="checkbox"/> Born in the home <input type="checkbox"/> Shelter/Rescue: _____ <input type="checkbox"/> Other: _____	
Has this cat ever seen a veterinarian while under your care, or do you have records from the previous owner: <input type="checkbox"/> Yes – From previous owner <input type="checkbox"/> Yes – I took the cat to the vet <input type="checkbox"/> No	

Litter Box Issues

Approximate Date Litter Box Issues Started:	Frequency of Accidents: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Length of time of Litter Box Issues: _____ Years _____ Months	
Veterinary Clinic/Hospital Seen At:	
Veterinarian's Diagnosis:	
Number of Cats in the Home: _____	Number of Litter Boxes in the Home: _____
Surfaces Being Peed/Pooped On: <input type="checkbox"/> Carpet <input type="checkbox"/> Hard flooring <input type="checkbox"/> Family member's clothing <input type="checkbox"/> Family member's bed <input type="checkbox"/> Other (explain): _____	Locations Accidents Occur At: <input type="checkbox"/> Next to box <input type="checkbox"/> Same room as box <input type="checkbox"/> Same floor as box <input type="checkbox"/> Different floor as box <input type="checkbox"/> Next to window/exterior door <input type="checkbox"/> Other (explain): _____
Aggression Between Cats in Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Stray Cats/Dogs Seen Outside Window: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate any recent changes in the home (or changes that happened around when the litter box issues started): <input type="checkbox"/> Moved residences <input type="checkbox"/> New baby <input type="checkbox"/> New pet <input type="checkbox"/> Absence of a family member <input type="checkbox"/> Absence of another pet <input type="checkbox"/> Recent visitors <input type="checkbox"/> Recent vacation <input type="checkbox"/> Schedule changes <input type="checkbox"/> Remodel/Redecoration <input type="checkbox"/> Other (explain): _____	
Type of Litter Boxes Used: <input type="checkbox"/> Covered <input type="checkbox"/> Open <input type="checkbox"/> Automatic	Last Time New Boxes were Purchased: <input type="checkbox"/> Never <input type="checkbox"/> A few weeks ago <input type="checkbox"/> A few months ago <input type="checkbox"/> A few years ago
Use of Litter Box Deodorizers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Use of Litter Box Plastic Liners: <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Type of Litter Used:</p> <input type="checkbox"/> Scented clumping <input type="checkbox"/> Unscented clumping <input type="checkbox"/> Non-Clumping <input type="checkbox"/> Pelleted Paper/Newspaper <input type="checkbox"/> Corn/Wheat based pellets/grain <input type="checkbox"/> Other (explain): <hr/>	<p>Litter Box Scooping Schedule:</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed <input type="checkbox"/> Other
<p>Litter Replacement (all litter fully dumped and replaced with fresh litter) Schedule:</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every few months <input type="checkbox"/> Never	<p>Litter Box Cleaning (Remove all litter and wash boxes) Schedule:</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every few months <input type="checkbox"/> Never
<p>Litter Box Location:</p> <input type="checkbox"/> Main floor <input type="checkbox"/> Second floor <input type="checkbox"/> Basement	<p>Location Cat Spends Most Time:</p> <input type="checkbox"/> Main floor <input type="checkbox"/> Second floor <input type="checkbox"/> Basement
<p>Process for Cleaning Soiled Areas:</p>	<p>Products for Cleaning Soiled Areas:</p>
<p>Other Things Done to Correct Litter Box Issues:</p>	
<p>Other Comments About Litter Box Issues:</p>	

Please click the button below to email this document to Ames Animal Shelter. Once they have processed your request to surrender they will contact you with the next steps.