

# WESTARBOR ANIMAL HOSPITAL

## HOUSE SOILING BEHAVIOR CONSULT FORM

### GENERAL INFORMATION:

Date:

Owner:

Pet's Name:

Dog  Cat

Breed:

Color:

Age:

Sex: M F

Neutered/Spayed: YES  NO

At what age did you obtain the pet?

### APPOINTMENT INFORMATION:

1. What percentage of the elimination incidents in the home are: URINE\_\_\_\_% STOOL\_\_\_\_%
2. Does this pet urinate when being pet? YES  NO
3. When excited? YES  NO
4. When scolded/punished? YES  NO
5. Is there a preference for urinating inappropriately on upright surfaces (walls, sides of furniture,etc.)? YES  NO
6. Horizontal surfaces (floors, tops of counters or furniture, etc.)? YES  NO
7. Is there a preference for secluded areas (closets, under furniture, etc.)? YES  NO
8. Do strays or pets from other households frequently visit or call outside windows, doors, or in the yard? YES  NO
9. Surface preference for inappropriate elimination:  
Rugs  Clothing  Paper  Soil  Linoleum/Hard surfaces  No Preference

Other: \_\_\_\_\_

10. Age when housetrained: \_\_\_\_\_ Never Housetrained

11. Method of training:

12. Outcome of training:

13. How many other pets are living in the household? Species?

how long have they lived in the household?

14. CATS: Has your cat always been an indoor cat? YES  NO

15. CATS: Does your cat go outside at all? YES  NO

**MEDICAL HISTORY:**

- 1. Has this pet ever had cystitis (urinary bladder infection)? YES  NO   
Approximate date(s):
- 2. Does any straining or pain accompany urination? YES  NO
- 3. Does any straining or pain accompany defecation? YES  NO
- 4. Have you noticed blood in the urine? YES  NO
- 5. Have you noticed blood in the stool? YES  NO
- 6. Is there an increased frequency of urination? YES  NO
- 7. Is there an increased frequency of defecation? YES  NO
- 8. Has there been an increase in water consumption? YES  NO
- 9. Has there been an increase in the amount of urine voided? YES  NO
- 10. Does the stool have an abnormal appearance? YES  NO

**LITTERBOX INFORMATION (CATS ONLY):**

- 1. Has this pet ever eliminated consistently in the litterbox? YES  NO
- 2. When indoors, the pet defecates in the box \_\_\_\_% of the time Never
- 3. When indoors, the pet urinates in the box \_\_\_\_% of the time Never
- 4. How many litter boxes are available? \_\_\_\_\_ How many are covered boxes? \_\_\_\_\_
- 5. How often is the litter box cleaned?
- 6. Type of litter used: Standard Clay  Clumping  Other

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- 7. Brand of litter used: \_\_\_\_\_
- 8. How long has this brand been used? \_\_\_\_\_
- 9. Where is the litter box(s) kept? \_\_\_\_\_

**\*\*\*PLEASE DIAGRAM YOUR HOUSE ON THE BACK OF THIS FORM\*\*\***

Indicate areas of inappropriate urination, defecation, urine spraying, litter box locations and feeding areas