



Island Cats Questionnaire

****Please Fill Out Completely****

Cats Name: _____

Date: _____

Environmental Influences

1. How many cats in household? _____
2. Other pets in household? _____
3. Any children in household? Ages? _____
4. Does your cat go outside? Yes No
5. Are there animals outdoors that can be seen by your cat? Yes No Unknown
6. Is there visual access to the outdoors, or visual access to an area that may increase anxiety (noisy, high traffic, other pets, kids, etc) associated with this location(s)? Yes No Unknown

Describe, if any, recent changes in your household including new people, pets, furniture, food, noises, routines, etc.:

Describe all areas used for elimination (including type of surface: ex. floor, wall, towels, etc.). Are these locations on or near "outside" walls or "interior" walls?

How often does your cat interact with you or your family (in minutes or hours)? When not with the family, where is your cat?

Toileting Behaviors

1. How many litterboxes are available for your cat(s)? 1 2 3 4 5
2. How many litterboxes are covered? 1 2 3 4 5
3. Describe what the boxes look like (size, shape, high sides, low sides, etc)? _____
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4. Where is/are the box(es) and how far away is this location(s) from where your cat spends most of his/her time? _____

5. How deep is the litter in each of the boxes (inches)? _____

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| 6. Are liners ever used? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| 7. If liners are used, are they scented? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| 8. Are any of the litters scented? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| 9. Does your cat eliminate in the presence of others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| 10. Will your cat immediately use a freshly cleaned box? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| 11. Does your cat ever vocalize during elimination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| 12. Have you noticed blood in stool or urine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| 13. Any changes in quantity of urine output? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| 14. Any changes in stool consistency or amount? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| 15. Has your cat used a shower or bathtub for elimination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |

If so, when & how frequently?: _____

16. List the types of litter used in each box: _____

17. How frequently is the litterbox scooped? _____

Additional Comments/Notes: