

URINARY ISSUE QUESTIONNAIRE

This pet is urinating outside the litter box (YES / NO) or OTHER ISSUE: _____

Is this pet geriatric? (YES / NO)

At what age did this problem begin? _____ (circle one) *weeks / months / years*

Were there any changes in the home or with the humans around that time? _____

Date of last vet visit for this issue? _____

How many times have they been to the vet for this specific issue? _____

Please check all that has been done during these visits and details for the most recent:

___ Urinalysis (urine collection and urine test) Date _____ Clinic _____ Normal? Y / N

___ Bloodwork Date _____ Clinic _____ Normal? Y / N

Are they displaying other issues / concerns _____

Has your vet given you an actual diagnosis for your pet's issue? _____

Is your pet on any medications (even if they are not related to this issue)? *Please list below*

Please tell us what food you feed and if it is an RX diet or not. *Include BRAND, WET/DRY, FLAVOR, TYPE.*

How many square feet of indoor living space does this pet have? (*approx. square feet*) _____

How many other pets do you have sharing the space? Cats: _____ Dogs: _____

(CATS only - usually)

How many litterboxes do you have in the home? _____

How high do they have to step to enter the litterbox? _____

Are potty accidents happening right outside/around the litterbox (YES / NO)

Are potty accidents happening in other areas? (YES / NO) explain: _____

My cat is (circle all that apply) indoor-only indoor&outdoor outdoor-only

(DOG only - usually)

How many times is your dog let out to potty? _____ Circle all that apply: on-leash off-leash

Does this dog have access to a dog door? (YES / NO) How high do they have to step to go through it? _____

Are potty accidents happening right inside/around the door to the yard? (YES / NO)

Are potty accidents happening in other areas? (YES / NO) explain: _____

PET NAME _____ **CASA ID** _____