

OLATHE ANIMAL HOSPITAL – HOUSESOILING DATA SHEET

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Family name: _____ Date: _____

Pet's name: _____

What percentage of the elimination incidents in the home are urine ____% stool ____%.

Does this pet urinate when petted? N Y When excited? N Y When scolded / punished? N Y

Is there a preference for urinating inappropriately on	<u>No</u>	<u>Yes</u>	
-upright surfaces(walls, sides of furniture, drapes)	[]	[]	_____ % upright
-horizontal surfaces(floor, top of counters or furniture)	[]	[]	_____ % horizontal
Is there a preference for secluded areas? (closets, under furniture, etc.)?	[]	[]	
Do strays or pets from other households frequently visit or call outside windows, doors or in the yard?	[]	[]	

Surface preference for inappropriate elimination:
 Rugs ____ clothing ____ paper ____ soil ____ linoleum or other hard surfaces ____
 other _____ no preference []

Age when housetrained _____. Never housetrained []

Method of training:

Outcome of training:

MEDICAL HISTORY

	<u>No</u>	<u>Yes</u>	
Has this pet ever had cystitis (urinary bladder infection)?	[]	[]	Approximate dates: _____
Does any straining or pain accompany urination	[]	[]	
" " defecation	[]	[]	
Have you noticed blood in the urine	[]	[]	
" " stool	[]	[]	
Is there an increased frequency of urination	[]	[]	
" " defecation	[]	[]	
Has there been an increase in water consumption?	[]	[]	
Has there been an increase in the amount of urine voided?	[]	[]	
Does the stool have an abnormal appearance?	[]	[]	

Date of last urinalysis _____ Results: ____

LITTERBOX INFORMATION (CATS)

	<u>No</u>	<u>Yes</u>	
Has this pet ever eliminated consistently in the litterbox?	[]	[]	
When indoors, the pet defecates in the box ____ % of the time. Never defecates in the box []			
When indoors, the pet urinates in the box ____ % of the time. Never urinates in the box []			
How many litter boxes are available? _____			How many are covered boxes? _____
How often is the litterbox cleaned? _____			
Type of litter used in the litterbox: _____			Standard clay [] Clumping [] other _____
Brand of litter used: _____			How long has this brand been used? _____
Where is the litterbox(s) kept? _____			

Please diagram your house on the back of this form.
Indicate areas of inappropriate urination, defecation, urine spraying, litterbox positions(cats) and feeding areas.