



# CANYON PET HOSPITAL

Northern Arizona's premier veterinary hospital

1054 E Old Canyon Ct. Flagstaff, AZ 86001  
Phone: (928) 774-5197 Fax: (928) 774-5278  
www.canyonpet.com

## HOUSE SOILING FORM

### General Information:

Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Regular Veterinarian: \_\_\_\_\_

Would you like a post-consultation summary letter sent to your veterinarian? Yes [ ] No [ ]

Referred by/how did you hear about us: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Dog [ ] Cat [ ] Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_

Weight: \_\_\_\_\_

Sex: M F

Neutered / Spayed: yes [ ] no [ ]

How old: \_\_\_\_\_

At what age did you obtain the pet: \_\_\_\_\_

What percentage of the elimination incidents in the home are: urine \_\_\_\_\_% stool \_\_\_\_\_%

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Does this pet urinate when being pet? Yes [ ] No[ ]

When excited? Yes[ ] No[ ]

When scolded/punished Yes[ ] No[ ]

Is there a preference for urinating inappropriately on upright surfaces (walls, sides of furniture, drapes, etc)?  
Yes[ ] No[ ] \_\_\_\_\_% upright

Horizontal surfaces (floors, tops of counters or furniture, etc)? Yes[ ] No[ ] \_\_\_\_\_% horizontal

Is there a preference for secluded areas (closets, under furniture, etc)? Yes[ ] No[ ]

Do strays or pets from other households frequently visit or call outside windows, doors or in the yard? Yes[ ]  
No[ ]

Surface preference for inappropriate elimination:

Rugs [ ] Clothing [ ] Paper [ ] Soil [ ] Linoleum or other hard surfaces [ ] No preference [ ]

Other \_\_\_\_\_

Age when housetrained \_\_\_\_\_ Never housetrained [ ]

Method of training:

Outcome of training:

## **MEDICAL HISTORY**

Has this pet ever had cystitis (urinary bladder infection)? Yes[ ] No[ ] Approximate date(s):  
\_\_\_\_\_

Does any straining or pain accompany urination? Yes[ ] No[ ]

Does any straining or pain accompany defecation? Yes[ ] No[ ]

Have you noticed blood in the urine? Yes[ ] No[ ]

Have you noticed blood in the stool? Yes[ ] No[ ]

Is there an increased frequency of urination? Yes[ ] No[ ]

Is there an increased frequency of defecation? Yes[ ] No[ ]

Has there been an increase in water consumption? Yes[ ] No[ ]

Has there been an increase in the amount of urine voided? Yes[ ] No[ ]

Does the stool have an abnormal appearance? Yes[ ] No[ ]

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Approximate date of last urinalysis: \_\_\_\_\_ Results: \_\_\_\_\_

**LITTERBOX INFORMATION (CATS ONLY)**

Has this pet ever eliminated consistently in the litter box? Yes[ ] No[ ]

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 litter box cleaned?

\_\_\_\_\_

Type of litter used: standard clay [ ] clumping [ ] other

\_\_\_\_\_

Brand of litter used: \_\_\_\_\_

How long has this brand been used? \_\_\_\_\_

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