

HOUSE-SOILING DATA SHEET

Canyon Pet Hospital
1054 E. Old Canyon Court
Flagstaff, AZ 86001
928-774-5197

Date: _____ Owner: _____ Pet: _____

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

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[]

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