

Urinary Tract - Feline

Pet's Name _____ Date ____/____/____

Current Email _____ Cell Phone _____

Is your pet urinating (frequency) More Less Same Unsure

Have you noticed any blood in your pet's urine? Yes No Unsure

Is your pet straining to urinate? Yes No Unsure

Is your cat urinating or defecating outside the litter box? Yes No Unsure
If yes, where (specific location) _____

Have there been any recent changes in your pets environment or daily schedule? Yes No Unsure
If yes, what and when? _____

What type of cat litter do you use? Clay Clumping Other _____

How often is the litter box changed and cleaned? _____

Is the litter box placed in a noisy or busy location? Yes No

How many cats are in the house? _____ How many litter boxes? _____

Is the amount of urine voided More Less Same Unsure

What brand of food do you currently feed your pet? _____ Dry Canned

Has the diet changed recently? Yes No
If yes, how and when? _____

Has your pet's activity changed? Increased Decreased Same Unsure

Has your pet's weight changed? Increased Decreased Same Unsure

Is your pet eating? More Less Same Unsure

Is your pet drinking? More Less Same Unsure

Have there been similar episodes of this nature in the past? Yes No
If yes, when? _____

Does your cat go outside? Yes No
If yes, how many hours per day? _____

Is your pet on any medications? Yes No
If yes, please list _____