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INTERNAL MEDICINE DEPARTMENT FELINE URINARY HISTORY FORM

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When did the urination problem start? _____ Is your cat indoors only? Yes No

Do you have any other cats in the house? Yes No – If Yes, how many? _____

Is your cat spraying (i.e. backing up to wall, furniture, doors, etc.) vs. squatting (i.e. going on floor, bedding, etc.?), or have you only found urine in inappropriate places, not actually witnessed urination? _____

Is your cat straining (staying in squatting position) for long periods? Yes No

Is your cat going: – Outside the litter box? Yes No – Near the litter box? Yes No

If going outside the litter box, is it always the same area? Yes No

If going outside the litter box, is it random locations? Yes No

Is the volume of urine (size of clump/wetness in box) larger than normal? Yes No

Is the volume of urine less than normal? Yes No

What type of litter do you use? Regular clay type Clumping crystals Other _____

How many litter boxes do you have? _____ How often do you clean the litter boxes? _____

Are your litter boxes covered? Yes No

Has there been any new stress in your household (i.e.: new baby, new pets, new furniture, guest, anything that may be different) Yes No

Please list any medications your pet is currently taking, including topical medications:

MEDICATION

DOSAGE

TIME LAST ADMINISTERED

MEDICATION	DOSAGE	TIME LAST ADMINISTERED

Did any of them help with the urination issue? Yes No – If Yes, which ones? _____

Has your cat had any: – Recent urinalysis? Yes No

– Urine culture? Yes No

– Blood work? Yes No

Have you seen any blood in the urine? Yes No

What type of diet is your cat currently on? Please include treats given _____

Is your cat drinking more than usual (i.e. getting into tub/sink to drink, sitting at water bowl, etc.)? Yes No

What have you used to clean the soiled areas? _____

How is your cat's activity level? Normal Less than usual Depressed