LITTER BOX OBSERVATION WORKSHEET

Use this checklist to track what you're noticing and what you've tried. Bring it to your veterinarian or share it with Cat Care Society (CCS) if you adopted your cat from us and need support.

ABOUT YOUR CAT

Cat's Name: _____ Age: _____ Sex: _____ Fixed Y/N: _____

Adopted from CCS Y/N: _____ Best Contact: _____

WHAT ARE YOU NOTICING?

Check all that apply. Add details below if helpful.

☐ Urine outside of box ☐ Feces outside of box ☐ Increase in frequency ☐ Larger amounts ☐ Smaller amounts ☐ Near the box

☐ In another room/area ☐ Same spot repeatedly ☐ Trouble entering box ☐ Straining/Discomfort ☐ Change in appetite

☐ Change in Thirst ☐ Weight gain ☐ Weight loss ☐ Slower mobility

When did these changes start? Were they sudden or gradual? _____

When does it happen? (specific time, after an event, or pattern?) _____

LITTER BOX SETUP

Check all that apply.

☐ Boxes scooped regularly ☐ Automatic litter box ☐ Multiple boxes ☐ Covered box ☐ Uncovered box ☐ Scented litter

☐ Unscented litter ☐ Clumping litter ☐ Non-clumping litter ☐ Straining/Discomfort

Number of cats: _____ Number of boxes: _____ Box location(s): _____

Cleaning routine: _____ List any chemicals used when cleaning litter boxes: _____

CHANGES OR STRESSORS

Have any of these happened recently? Check all that apply.

☐ New person or pet in home ☐ Recently moved ☐ Construction/remodeling ☐ Change in household routine

☐ Tension with another pet ☐ Tension with another person ☐ Hiding more frequently ☐ Changes in behavior

Other changes your cat may be reacting to: _____

WHAT HAVE YOU TRIED?

Check all that apply. Then note what helped, didn't help, or changed.

☐ Consulted my vet ☐ Different litter ☐ Different box ☐ Moved box location ☐ More frequent scooping ☐ Changed routine

Note what helped, didn't help, or changed: _____

_____

_____