



All Feline Hospital

Fecal Sample Questionnaire

Date _____

Owner Name: _____ Phone #: _____

Cat's Name: _____ Age: _____

Male/Female

Longhair/shorthair

Indoor / Outdoor / Both

Describe in detail the current bowel problems (ie blood, mucus, worms, etc.) _____

GENERAL:

1. How long has this been a problem? _____
2. When was this cat last dewormed? _____
3. Has the cat had this problem before? Yes/No. If yes, when? And what were the treatments? _____
4. Are there any new stressors for the cat? (Anything new in the house or out of place?) _____
5. Can the cat see outside? _____
6. How many cats are there in the household? _____
7. Is this cat (with current problem) dominant or weaker in the crowd? _____
8. How long have you owned this cat? _____

LITTER:

1. What type of litter do you use? _____ Brand? _____
2. Is the litter scented or un-scented? _____
3. Has the brand of litter changed recently? _____
4. How deep is the litter? _____

LITTER BOX:

1. What type of litter box do you use? (Hood or No Hood, etc.) _____
2. Number of litter boxes in the household? _____
3. Where are the litter boxes located? _____
4. How many times a day are litter boxes cleaned? _____
5. How many times a week do you change the litter box? _____
6. Have you moved the box lately? _____
7. Are there any cleaners used on the litter box? Yes/No. If yes, what are they? _____
8. Do you use plastic liners? _____
9. How large is the litter box? _____