Please fill out as detailed as possible and return prior to the appointment. If available photos, video and/or house layout diagrams are welcomed, especially if you have not scheduled a housecall appointment.

**Soiled Locations: List locations where your cat has urinated and/or defecated outside the litterbox. Attach a rough floorplan sketch if it is easier.**

**Litterboxes:** Complete the chart for **each litterbox** in your home.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Box #** | **Location** | **Size** | **Covered/**  **Uncovered** | **Type of Litter**  (clay, clumping/scoopable, crystals, wheat, pine pellets, etc)  **Brand** | Use of **liners**, **baking soda** or other **additives** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

How often are the boxes scooped out?

How often are the boxes completely emptied and cleaned?

What do you use to clean the boxes?

What do you use to clean soiled areas (if applicable)?