

[Patient label information here]

CONSTIPATION HISTORY FORM

Date _____

Your name _____

GENERAL BACKGROUND

How old was your cat when you adopted it? _____

Does your cat go outside at all? _____

Has your cat's appetite increased or decreased? _____

Have you noticed your cat having any difficulties eating, drinking, or swallowing? _____

What food does your cat eat? _____

Have you changed your cat's diet in the last few weeks or months? _____

Does your cat get any treats or supplements? _____

Are you aware of any weight loss or gain? _____

ONSET AND CHRONICITY

How long has your cat been constipated? _____

Is this the first time your cat has been constipated? _____

Do you ever see blood on or in the feces? ____ Mucus on the feces? ____

If not, how often has constipation or straining occurred in the past, and how long has it lasted previously? _____

What medications or treatments have been given before? _____

INCREASED WATER LOSS

Have you noticed an increase in the amount of urine your cat is producing? _____

Is your cat vomiting (more than usual)? _____

INADEQUATE WATER INTAKE

How many water stations can your cat access? _____

Does your cat appear to drink comfortably? _____

Have you noticed a change in the amount of water your cat is drinking? _____

PLEASE TURN OVER AND CONTINUE ON REVERSE SIDE.

PAINFUL DEFECATION

Do you ever find feces outside of the litter box? _____

If so, where is it located (e.g. another room, immediately beside the box)? _____

When your cat is in the box, does it round its back and squat almost to the ground? _____

Does your cat cry out when defecating? _____

Does your cat ever vomit while or after defecating? _____

Is there ever diarrhea associated with straining? _____

Is your cat moving around your home less or jumping up and down less readily? _____

Do you notice any weakness? _____

Is your cat declawed? _____

RELUCTANCE TO DEFECATE

Are there any other pets living with you? Number of cats ___ Number of dogs ___ Number of other pets ___

Do you have young children? _____

How many litter boxes do you have in your home? _____

Are any of them covered or hooded? _____

How large are the boxes? _____

Where are the litter boxes located? _____

If you live in a multilevel home, are there boxes on every level? _____

Does your cat appear to like the litter and bury its feces? _____

Are there any other cats or dogs that your cat might feel threatened by, making your cat reluctant to use the box? _____

How often do you scoop the litter box per week? _____ Per day? _____

Does your cat seem to have any problem getting to the litter box? _____

METABOLIC OR OBSTRUCTIVE DISEASE, MEDICATION-INDUCED PROBLEMS

Has your cat had any traumatic accidents? _____

Does your cat have any medical problems that you know about? _____

Is your cat receiving any medications? _____

If yes, which medications? _____

What is the consistency of your cat's stool?

___ Normal to slightly dry

___ Dry

___ Hard

___ Very dry