Canine Eliminati Owner:	on Disorder Pet:	History Form Breed:	Date: M/ F/ Neutered?
Does the problem inv	olve inappropri	ate urination, defecation	on or both?
Is the animal awake of	or asleep when t	his happens?	
Is the animal drinking	g more water tha	an usual or eating more	e than usual?
What is the consisten	cy of the stools	?	
Does the urine have a	ı stronger than u	ısual odor?	
Is the dog frequently	urinating in sma	all amount?	
How often does it hap	ppen (daily, thre	ee times weekly, etc)?	
What areas of the hou	use are involved	?	
What substrate is inv	olved (carpet, pi	iles of laundry, bedding	g, etc)?
Does it always occur	in the same place	ce?	
Does it occur when y	ou are home or	away from home?	
Does it occur when y	ou first arrive h	ome and greet the dog	?
Does it occur during	a frightening ev	ent (such a s a violent	storm, car ride, etc)?
	_	environment (new pet, a ied, recent workers in l	new roommate, moved house, etc.)?
Has there been any cl	nanges with you	or (or any housemate's)	schedule or routine?
Has the pet's schedul	e changed (fed o	or exercised at a differ	ent time, etc)?
What is your typical	schedule?		
What kind of housetr	aining was cond	lucted when the dog w	as a puppy?
What kind of training	g or corrections !	has been attempted?	

Additional comments: