

C.A.N. Survey® Clinical Animal Nutrition for Cats
 A System Approach to Identifying Vitamin and Mineral Imbalances and Organ Distress
Restricted to Professional Veterinary Use. A design of IVE, Inc.

CHART _____ PATIENT _____ AGE _____ Weight _____ OWNER _____ DATE _____

INSTRUCTIONS: Circle the number that applies. If symptom doesn't apply, leave blank. Use (1) for MILD symptoms (occurs once or twice a month), (2) for MODERATE symptoms (occurs several times a month), and (3) for SEVERE symptoms (you are aware of it almost constantly).

GROUP ONE

- | | | |
|----------------------------------------------------------|---------------------------------------|-------------------------------------------------------|
| 1 - 1 2 3 Dry mouth-eyes-nose | 2 - 1 2 3 Prowls day and night | 3 - 1 2 3 Sheds a lot, especially when excited |
| 4 - 1 2 3 Unable to relax, jumpy | 5 - 1 2 3 Extremities cold | 6 - 1 2 3 Skin sores, lesions |
| 7 - 1 2 3 Fur loss on tail, legs, belly | 8 - 1 2 3 Hides a lot | 9 - 1 2 3 Vomits, nervous stomach |
| 10 - 1 2 3 Excessive grooming | 11 - 1 2 3 High anxiety | 12 - 1 2 3 Nervous attitude |
| 13 - 1 2 3 Recent change in home schedule/routine | 14 - 1 2 3 New pet in house | |

GROUP TWO

- | | | |
|-------------------------------------------------|---------------------------------------|-------------------------------------------------|
| 15 - 1 2 3 Joint stiffness after arising | 16 - 1 2 3 Eyes or nose watery | 17 - 1 2 3 Overweight with little food |
| 18 - 1 2 3 Constipation &/or diarrhea | 19 - 1 2 3 Sleeps all the time | 20 - 1 2 3 Subject to bladder infections |
| 21 - 1 2 3 Lazy | 22 - 1 2 3 Couch potato | 23 - 1 2 3 No activity |
| 24 - 1 2 3 No interests | | |

GROUP THREE

- | | | |
|-------------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| 25 - 1 2 3 Trembles, episodes of weakness | 26 - 1 2 3 Seizures | 27 - 1 2 3 Disoriented |
| 28 - 1 2 3 Difficulty walking straight | 29 - 1 2 3 Hungry often | 30 - 1 2 3 Behavioral changes |
| 31 - 1 2 3 Belly distended but thin along back | 32 - 1 2 3 Drinks a lot of water, sits at bowl | |
| 33 - 1 2 3 Body sagging | 34 - 1 2 3 Frequent urination | 35 - 1 2 3 Does nothing |
| 36 - 1 2 3 Change in appearance of eyes | 37 - 1 2 3 Weight loss | 38 - 1 2 3 Walks low in rear |
| 39 - 1 2 3 Large volume of urine in litter box | | |

GROUP FOUR

- | | | |
|-----------------------------------------|------------------------------------------|----------------------------------------|
| (A) | | |
| 40 - 1 2 3 Labored breathing | 41 - 1 2 3 Weakness | 42 - 1 2 3 Lethargy |
| 43 - 1 2 3 Mental dullness | 44 - 1 2 3 Not interested in food | 45 - 1 2 3 Cold to the touch |
| 46 - 1 2 3 Short rapid breathing | 47 - 1 2 3 Cold rear legs | 48 - 1 2 3 Vomiting |
| 49 - 1 2 3 Sporadic diarrhea | 50 - 1 2 3 Weight loss | 51 - 1 2 3 Reduced urination |
| 52 - 1 2 3 Weak rear legs | | |
| (B) | | |
| 53 - 1 2 3 Middle age | 54 - 1 2 3 Female | 55 - 1 2 3 Siamese |
| 56 - 1 2 3 Expiratory effort | 57 - 1 2 3 Wheezing | 58 - 1 2 3 Chronic spasm/cough |
| 59 - 1 2 3 Gag to vomit | 60 - 1 2 3 Panting | 61 - 1 2 3 Open mouth breathing |
| 62 - 1 2 3 Clawing at face | | |

GROUP FIVE

- | | | |
|-----------------------------------------------|----------------------------------------|----------------------------------------------|
| 63 - 1 2 3 Obese cat | 64 - 1 2 3 Sporadic illnesses | 65 - 1 2 3 Recent stressful event |
| 66 - 1 2 3 Depression | 67 - 1 2 3 Lethargy | 68 - 1 2 3 Sporadic vomiting/diarrhea |
| 69 - 1 2 3 Tremors | 70 - 1 2 3 Seizures | 71 - 1 2 3 Recent rapid weight loss |
| 72 - 1 2 3 Distended or tender abdomen | 73 - 1 2 3 Subject to allergies | 74 - 1 2 3 Frequent vomiting |
| 75 - 1 2 3 Increased salivation | 76 - 1 2 3 Restless | 77 - 1 2 3 Green/dark stool |

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GROUP SIX

- | | | |
|-------------------------------------|------------------------------------------|------------------------------------------|
| 78 - 1 2 3 Vomits frequently | 79 - 1 2 3 Episodes of not eating | 80 - 1 2 3 Recurrent diarrhea |
| 81 - 1 2 3 Picky eater | 82 - 1 2 3 Sores in mouth or lips | 83 - 1 2 3 Constipation |
| 84 - 1 2 3 Tummy growls | 85 - 1 2 3 Sheds constantly | 86 - 1 2 3 Vomits fur balls often |
| 87 - 1 2 3 Sensitive stomach | 88 - 1 2 3 Subject to allergies | |

GROUP SEVEN

- | | | |
|------------------------------------------------------|---------------------------------------------|------------------------------------------|
| 89 - 1 2 3 More than ten years old | 90 - 1 2 3 Weight loss | 91 - 1 2 3 Hungry all the time |
| 92 - 1 2 3 Nervous | 93 - 1 2 3 Aggressiveness | 94 - 1 2 3 Spastic movements |
| 95 - 1 2 3 Diarrhea | 96 - 1 2 3 Vomiting | 97 - 1 2 3 Restless |
| 98 - 1 2 3 Drinking a lot, Increased urine | 99 - 1 2 3 Up all night, can't sleep | 100 - 1 2 3 Looks for cool places |
| 101 - 1 2 3 Fast heart rate or pounding chest | | |

GROUP EIGHT

- | | | |
|-------------------------------------------------------|----------------------------------|---------------------------------------|
| 102 - 1 2 3 Senior Cat | 103 - 1 2 3 Back problems | 104 - 1 2 3 Difficulty jumping |
| 105 - 1 2 3 History of broken bones | 106 - 1 2 3 Dental tartar | 107 - 1 2 3 Poor muscles |
| 108 - 1 2 3 Walks low to the ground | 109 - 1 2 3 Dental cavity | 110 - 1 2 3 Weak joints |
| 111 - 1 2 3 Difficulty getting into litter box | | |

GROUP NINE

- | | | |
|-------------------------------------------|---------------------------------------------------|-------------------------------------------|
| 112 - 1 2 3 Frequent urination | 113 - 1 2 3 Urinates outside of litter box | 114 - 1 2 3 Drinks more water |
| 115 - 1 2 3 Can't get comfortable | 116 - 1 2 3 Licking at rear a lot | 117 - 1 2 3 History urinary stones |
| 118 - 1 2 3 Crying | 119 - 1 2 3 In and out of litter box | |
| 120 - 1 2 3 Urinates small amounts | 121 - 1 2 3 History of bladder infections | 122 - 1 2 3 Diet mostly dry food |

GROUP TEN

- | | | |
|--------------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| 123 - 1 2 3 Sneezing | 124 - 1 2 3 Runny eyes | 125 - 1 2 3 Gets infections easily |
| 126 - 1 2 3 Frequently on antibiotics | 127 - 1 2 3 Has FELV, FIV, AIDS, or Toxo | 128 - 1 2 3 Is over 12 years old |
| 129 - 1 2 3 Live with more than four other cats | | |

IMPORTANT

TO THE OWNER: Please list below the five main physical and or health complaints for this pet in order of their importance:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

OTHER COMMENTS YOU WOULD LIKE TO MAKE: