

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

- | | | |
|---|-------------------------------|---|
| 1 - 1 2 3 Joint stiffness after arising | 2 - 1 2 3 Eyes or nose watery | 3 - 1 2 3 Overweight with little food |
| 4 - 1 2 3 Constipation &/or diarrhea | 5 - 1 2 3 Sleeps all the time | 6 - 1 2 3 Subject to bladder infections |
| 7 - 1 2 3 Lazy | 8 - 1 2 3 Couch potato | 9 - 1 2 3 No activity |
| 10 - 1 2 3 No interests | | |

GROUP THREE

- | | | |
|--|---|------------------------------|
| 1 - 1 2 3 Trembles, episodes of weakness | 2 - 1 2 3 Seizures | 3 - 1 2 3 Disoriented |
| 4 - 1 2 3 Difficulty walking straight | 5 - 1 2 3 Hungry often | 6 - 1 2 3 Behavioral changes |
| 7 - 1 2 3 Belly distended but thin along back | 8 - 1 2 3 Drinks a lot of water, sits at bowl | |
| 9 - 1 2 3 Body sagging | 10 - 1 2 3 Frequent urination | 11 - 1 2 3 Does nothing |
| 12 - 1 2 3 Change in appearance of eyes | 13 - 1 2 3 Weight loss | 14 - 1 2 3 Walks low in rear |
| 15 - 1 2 3 Large volume of urine in litter box | | |

GROUP FOUR

- (A)
- | | | |
|---------------------------------|----------------------------------|------------------------------|
| 1 - 1 2 3 Labored breathing | 2 - 1 2 3 Weakness | 3 - 1 2 3 Lethargy |
| 4 - 1 2 3 Mental dullness | 5 - 1 2 3 Not interested in food | 6 - 1 2 3 Cold to the touch |
| 7 - 1 2 3 Short rapid breathing | 8 - 1 2 3 Cold rear legs | 9 - 1 2 3 Vomiting |
| 10 - 1 2 3 Sporadic diarrhea | 11 - 1 2 3 Weight loss | 12 - 1 2 3 Reduced urination |
| 13 - 1 2 3 Weak rear legs | | |
- (B)
- | | | |
|------------------------------|---------------------|---------------------------------|
| 14 - 1 2 3 Middle age | 15 - 1 2 3 Female | 16 - 1 2 3 Siamese |
| 17 - 1 2 3 Expiratory effort | 18 - 1 2 3 Wheezing | 19 - 1 2 3 Chronic spasm/cough |
| 20 - 1 2 3 Gag to vomit | 21 - 1 2 3 Panting | 22 - 1 2 3 Open mouth breathing |
| 23 - 1 2 3 Clawing at face | | |

GROUP FIVE

- | | | |
|--|---------------------------------|--------------------------------------|
| 1 - 1 2 3 Obese cat | 2 - 1 2 3 Sporadic illnesses | 3 - 1 2 3 Recent stressful event |
| 4 - 1 2 3 Anal sac problems | 5 - 1 2 3 Lethargy, depression | 6 - 1 2 3 Sporadic vomiting/diarrhea |
| 7 - 1 2 3 Tremors | 8 - 1 2 3 Seizures | 9 - 1 2 3 Recent rapid weight loss |
| 10 - 1 2 3 Distended or tender abdomen | 11 - 1 2 3 Subject to allergies | 12 - 1 2 3 Frequent vomiting |
| 13 - 1 2 3 Increased salivation | 14 - 1 2 3 Restless | 15 - 1 2 3 Green/dark stool |

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GROUP SIX

- | | | |
|-------------------------------------|---|---|
| 1 - 1 2 3 Vomits frequently | 2 - 1 2 3 Episodes of not eating | 3 - 1 2 3 Recurrent diarrhea |
| 4 - 1 2 3 Picky eater | 5 - 1 2 3 Sores in mouth or lips | 6 - 1 2 3 Constipation |
| 7 - 1 2 3 Tummy growls | 8 - 1 2 3 Sheds constantly | 9 - 1 2 3 Vomits fur balls often |
| 10 - 1 2 3 Sensitive stomach | 11 - 1 2 3 Subject to allergies | |

GROUP SEVEN

- | | | |
|---|---|---|
| 1 - 1 2 3 More than ten years old | 2 - 1 2 3 Weight loss | 3 - 1 2 3 Hungry all the time |
| 4 - 1 2 3 Nervous | 5 - 1 2 3 Aggressiveness | 6 - 1 2 3 Spastic movements |
| 7 - 1 2 3 Diarrhea | 8 - 1 2 3 Vomiting | 10 - 1 2 3 Restless |
| 11 - 1 2 3 Drinking a lot, Increased urine | 12 - 1 2 3 Up all night, can't sleep | 13 - 1 2 3 Looks for cool places |
| 14 - 1 2 3 Fast heart rate or pounding chest | | |

GROUP EIGHT

- | | | |
|--|--------------------------------|-------------------------------------|
| 1 - 1 2 3 Senior Cat | 2 - 1 2 3 Back problems | 3 - 1 2 3 Difficulty jumping |
| 4 - 1 2 3 History of broken bones | 5 - 1 2 3 Dental tartar | 6 - 1 2 3 Poor muscles |
| 7 - 1 2 3 Walks low to the ground | 8 - 1 2 3 Dental cavity | 9 - 1 2 3 Weak joints |
| 10 - 1 2 3 Difficulty getting into litter box | | |

GROUP NINE

- | | | |
|---|---|---|
| 1 - 1 2 3 Frequent urination | 2 - 1 2 3 Urinates outside of litter box | 3 - 1 2 3 Drinks more water |
| 4 - 1 2 3 Can't get comfortable | 5 - 1 2 3 Licking at rear a lot | 6 - 1 2 3 History urinary stones |
| 7 - 1 2 3 Crying | 8 - 1 2 3 In and out of litter box | |
| 9 - 1 2 3 Urinates small amounts | 10 - 1 2 3 History of bladder infections | 11 - 1 2 3 Diet mostly dry food |

GROUP TEN

- | | | |
|--|---|---|
| 1 - 1 2 3 Sneezing | 2 - 1 2 3 Runny eyes | 3 - 1 2 3 Gets infections easily |
| 4 - 1 2 3 Frequently on antibiotics | 5 - 1 2 3 Has FELV, FIV, AIDS, or Toxo | 6 - 1 2 3 Is over 12 years old |
| 7 - 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: