



Clinical Animal Nutrition Survey© for Cats

A System Approach to Identifying Vitamin and Mineral Imbalances and Organ Distress
Restricted to Professional Veterinary Use. A design of IVE, Inc.

NAME _____ AGE _____ Weight _____ OWNER _____ DATE _____

Put a number in the box in front of the symptom **only if it applies** to your cat. **LEAVE BLANK** if it does not apply.
1 = mild or not often 2 = moderate or with some frequency 3 = severe, a lot, or all the time

| GROUP ONE - SYMPATHETIC | | | |
|-------------------------|-------------------------------|--|--------------------------------------|
| | Dry mouth, eyes, nose | | Vomits with excitement |
| | Keyed up, unable to relax | | Tends toward aggression or anxiety |
| | Fur loss on tail, legs, tummy | | Hides a lot |
| | Excessive grooming | | Prowls day and night |
| | | | Skin sores, lesions |
| | | | Vomits, nervous stomach |
| | | | Sheds a lot, especially when excited |
| | | | Obsessive compulsive behavior |
| | | | SCORE GROUP ONE: Add all columns = |
| | | | Number divided by 36 X 100 = % |

| GROUP TWO - PARASYMPATHETIC | | | |
|-----------------------------|--------------------------------|--|-------------------------------------|
| | Joint stiffness with rising | | Subject to infections |
| | Always seems hungry | | Eyes or nose watery |
| | Lazy, Slow starter, slow mover | | Overweight |
| | | | Poor circulation, sensitive to cold |
| | | | Constipation, diarrhea, alternating |
| | | | Sleeps more than used to |
| | | | SCORE GROUP TWO: Add all columns = |
| | | | Number divided by 27 X 100 = % |

| GROUP THREE – CARBOHYDRATE METABOLISM, SUGAR HANDLING | | | |
|---|---|--|--------------------------------------|
| | Trembles, episodes of weakness | | Large amount of urine in box |
| | Seizures | | Hungry often, eats fast |
| | Disoriented at times | | Change in appearance of eyes |
| | Difficulty walking straight | | Weight loss |
| | Wheat, corn, rice, barley, oats in diet | | Walks low in rear |
| | | | Belly distended but thin along back |
| | | | Behavior changes |
| | | | Drinks a lot of water, sits at bowl |
| | | | Overweight |
| | | | Body sagging in middle |
| | | | SCORE GROUP THREE: Add all columns = |
| | | | Number divided by 45 X 100 = % |

| GROUP FOUR - CIRCULATION | | | |
|--------------------------|-----------------------------------|--|-------------------------------------|
| | Exercise intolerance, lethargy | | Coughing |
| | Significant loss of muscle mass | | Seems disoriented at times |
| | Short rapid breathing, open mouth | | Vomiting |
| | Weight loss | | Enlarged heart and/or Heart murmur |
| | | | Weak in rear legs |
| | | | Difficulty breathing. Wheezing |
| | | | Cold rear legs |
| | | | Poor appetite |
| | | | SCORE GROUP FOUR: Add all columns = |
| | | | Number divided by 36 X 100 = % |

| GROUP FIVE – HEPATIC, GALL BLADDER | | | |
|------------------------------------|-----------------------------|--|-------------------------------------|
| | On meds over long time | | Subject to allergies |
| | Stool watery or diarrhea | | Seizures, tremors |
| | Appears bloated | | Change in appetite |
| | Obese | | Food sensitivities |
| | Recent or rapid weight loss | | Anal Sac problems, Scooting |
| | Sporadic vomit/diarrhea | | Recent stressful event |
| | Lethargic | | Green / dark stool |
| | | | Stands with back arched |
| | | | Elevated cholesterol, triglycerides |
| | | | Elevated liver enzymes, lipase |
| | | | Ocular discharge |
| | | | Rubs at ears or face |
| | | | Increased salivation |
| | | | Restless |
| | | | SCORE GROUP FIVE: Add all columns = |
| | | | Number divided by 63 X 100 = % |

| GROUP SIX - DIGESTION | | | |
|-----------------------|-------------------------------------|--|------------------------------------|
| | Picky eater or episodes or anorexia | | History of pancreatitis |
| | Halitosis | | Recurrent diarrhea |
| | Subject to allergies | | Sores in mouth or on lips |
| | Sensitive stomach | | Vomits fur balls |
| | | | Intermittent vomiting |
| | | | Excessive or chronic eye drainage |
| | | | Poor coat, sheds a lot |
| | | | Recent intestinal parasites |
| | | | SCORE GROUP SIX: Add all columns = |
| | | | Number divided by 36 X 100 = % |

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| GROUP SEVEN – A – ENDOCRINE | | | |
|-----------------------------|--|--|-------------------------------------|
| More than 10 years old | | Stiff gait Oily, greasy coat | Drinking a lot, increased urination |
| Weight loss | | Nervous | Fast heart rate or pounding chest |
| Warts | | Aggressiveness | Back/neck problems |
| Dry, scaly skin | | Spastic movements, restless | Up all night, can't sleep |
| Hungry all the time | | Diarrhea or vomiting | Looks for cool places to rest |
| | | SCORE GROUP SEVEN A: Add all columns = | Number divided by 45 X 100 = % |

| GROUP EIGHT – MUSCULOSKELETAL (Calcium / Magnesium Metabolism) | | | |
|--|--|---------------------------------------|------------------------------------|
| Senior cat | | Difficulty getting up and down | Losing muscle tone in legs or back |
| History of any joint surgery | | Arthritic, degenerative joint disease | Stopped or reduced jumping |
| Back or disc problems | | Back problems, stiffness | Walks low to the ground |
| Weak joints, poor muscles | | Dental tartar or cavity | Difficulty getting into litter box |
| | | SCORE GROUP EIGHT: Add all columns = | Number divided by 36 X 100 = % |

| GROUP NINE – RENAL, URINARY | | | |
|----------------------------------|--|-------------------------------------|--------------------------------|
| Abnormal or frequent urination | | History of bladder stones, crystals | Drinking more water |
| History of bladder infections | | Licking at penis or vulva | Urinate outside litter box |
| Reduced renal function | | Cries when urinating | In and out of litter box |
| High blood calcium or phosphorus | | Can't get comfortable | Diet mostly dry food |
| | | SCORE GROUP NINE: Add all columns = | Number divided by 36 X 100 = % |

| GROUP TEN – IMMUNE | | | |
|---------------------------------------|--|---------------------------------------|--------------------------------|
| Sheds, poor fur quality, dandruff | | Runny eyes | Frequent infections |
| Red bumps to skin | | Recurrent sneezing | Dental infection |
| Scabs, sores, crusts to skin or mouth | | Ear infections, lesions | Has had cancer |
| Frequently on antibiotics | | Has FELV, FIV, AIDS, or Toxoplasmosis | Experienced a vaccine reaction |
| Gets infections easily | | Is over 12 years old | Lives with 4 or more cats |
| | | SCORE GROUP TEN: Add all columns = | Number divided by 45 X 100 = % |

| GROUP ELEVEN – PAIN | | | |
|------------------------------------|--|--|---|
| Lameness, abnormal gait | | Recent surgery, dental infection | Weeping, red, cloudy or squinting eyes |
| Withdrawn, hiding | | Flicking tail | Shifting weight off area of body |
| Reluctant to move | | Change in mood, grumpy | Licking excessively an area of the body |
| Dislike or intolerance of handling | | Hunched back or sway back | Temperamental, growl at others |
| Overall activity less than normal | | Groaning, moaning, grunting | Change in toileting habits |
| Looks depressed | | Change in appetite & type of food willing to eat | |
| | | SCORE GROUP ELEVEN: Add all columns = | Number divided by 51 X 100 = % |

DIET:

| SCORE / TALLY | |
|------------------|---|
| Primary Group: | % |
| Secondary Group: | % |
| Tertiary Group: | % |

IMPORTANT

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

1. _____
2. _____
3. _____
4. _____
5. _____