

Canine VetSurvey®

For Use with Veterinary Doctors (Dogs)
Restricted to Professional Use

CHART _____ PATIENT _____ AGE _____ DOCTOR _____

OWNER'S NAME _____ PHONE (_____) _____ DATE _____

INSTRUCTIONS: Circle the number that applies to you. **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 | 8 - 1 2 3 Fear biter | 13 - 1 2 3 Afraid of thunderstorms, fireworks, etc. |
| 2 - 1 2 3 Keyed up, fails to calm | 9 - 1 2 3 Paws sweat readily | |
| 3 - 1 2 3 Nervous | 10 - 1 2 3 High anxiety | |
| 4 - 1 2 3 Unable to relax, startles easily | 11 - 1 2 3 Isolates away from family or other pets | |
| 5 - 1 2 3 Obsessive compulsive behavior | 12 - 1 2 3 Cannot adapt easily to changes in home routine | |
| 6 - 1 2 3 Vomits easily w/excitement | | |
| 7 - 1 2 3 Tends toward unexplained aggression | | |

GROUP TWO

- | | |
|---|--|
| 14 - 1 2 3 Joint stiffness after arising | 22 - 1 2 3 Subject to respiratory infection |
| 15 - 1 2 3 Eyes or nose watery | 23 - 1 2 3 Sleeps more than used to |
| 16 - 1 2 3 Always seems hungry | 24 - 1 2 3 Not interested in much of anything |
| 17 - 1 2 3 Not interested in food | |
| 18 - 1 2 3 Couch potato-like attitude | |
| 19 - 1 2 3 Constipation, diarrhea, alternating | |
| 20 - 1 2 3 Slow starter, slow mover | |
| 21 - 1 2 3 Circulation poor, sensitive to cold | |

GROUP THREE

- | | | |
|---|--|--|
| (A) | 31 - 1 2 3 Change in appearance of eyes | 37 - 1 2 3 Overweight |
| 25 - 1 2 3 Trembles, episodes of weakness | 32 - 1 2 3 Weight loss | 38 - 1 2 3 Cannot lose weight with diet |
| 26 - 1 2 3 Seizures | 33 - 1 2 3 Behavioral changes | 39 - 1 2 3 Appetite varies |
| 27 - 1 2 3 Disoriented | (B) | 40 - 1 2 3 Eats dirt |
| 28 - 1 2 3 Increased water consumption | 34 - 1 2 3 Increased sleeping | 41 - 1 2 3 Passes a lot of gas |
| 29 - 1 2 3 Urinating frequently and large amount | 35 - 1 2 3 Decreased activity level | |
| 30 - 1 2 3 Hungry often | 36 - 1 2 3 Can't get comfortable | |

GROUP FOUR

- | | |
|--|---|
| 42 - 1 2 3 Exercise intolerance | 49 - 1 2 3 Rear legs tremble, weak |
| 43 - 1 2 3 Reduced playtimes | 50 - 1 2 3 Disoriented |
| 44 - 1 2 3 Fainting, collapse | 51 - 1 2 3 Difficulty breathing |
| 45 - 1 2 3 Cough, especially at rest | |
| 46 - 1 2 3 Shortness of breath or difficult | |
| 47 - 1 2 3 Swelling in rear legs | |
| 48 - 1 2 3 Abdominal enlargement | |

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GROUP FIVE

- | | | |
|---|---|--|
| <p>(A)</p> <p>52 - 1 2 3 Taking medications over long time</p> <p>53 - 1 2 3 Frequent anesthetics, multiple surgeries</p> <p>54 - 1 2 3 Appears bloated</p> <p>55 - 1 2 3 Recent onset allergies</p> <p>56 - 1 2 3 Seizures, tremors</p> <p>57 - 1 2 3 Change in appetite and/or weight</p> <p>58 - 1 2 3 Stands with back arched</p> <p>59 - 1 2 3 Change in water consumption</p> | <p>60 - 1 2 3 Lethargic, depressed, restless</p> <p>61 - 1 2 3 Sporadic vomit/diarrhea</p> <p style="text-align: center;">(B)</p> <p>62 - 1 2 3 Increased shedding</p> <p>63 - 1 2 3 Squinting eyes</p> <p>64 - 1 2 3 Ocular discharge</p> <p>65 - 1 2 3 Red eyes</p> <p>66 - 1 2 3 Swollen puffy eyes</p> <p>67 - 1 2 3 Itching eyes</p> <p>68 - 1 2 3 Red ears</p> | <p>69 - 1 2 3 Rubbing at ears</p> <p>70 - 1 2 3 Scooting</p> <p>71 - 1 2 3 Licks or chews at feet or anus</p> <p>72 - 1 2 3 Rubs at face</p> <p>73 - 1 2 3 Red tummy</p> <p>74 - 1 2 3 General itchiness</p> <p>75 - 1 2 3 Gas</p> <p>76 - 1 2 3 Sporadic vomit/diarrhea</p> |
|---|---|--|

GROUP SIX

- | | | |
|--|---|---|
| <p>77 - 1 2 3 Vomits after fatty meal</p> <p>78 - 1 2 3 Tends to be overweight</p> <p>79 - 1 2 3 Middle-aged female</p> | <p>80 - 1 2 3 Halitosis</p> <p>81 - 1 2 3 Recurrent diarrhea</p> <p>82 - 1 2 3 Intermittent vomiting</p> | <p>83 - 1 2 3 Pale-colored stool</p> <p>84 - 1 2 3 Rancid odor to stool</p> <p>85 - 1 2 3 Poor coat</p> <p>86 - 1 2 3 Stomach distress common</p> |
|--|---|---|

GROUP SEVEN

- | | | | |
|--|---|---|--|
| <p>(A)</p> <p>87 - 1 2 3 Hyperactive</p> <p>88 - 1 2 3 Weight loss</p> <p>89 - 1 2 3 Increased skin temperature</p> <p>90 - 1 2 3 Racing heart</p> | <p>(B)</p> <p>91 - 1 2 3 Increased shedding</p> <p>92 - 1 2 3 Thinning or sparse coat</p> <p>93 - 1 2 3 Bald spots</p> <p>94 - 1 2 3 Dry, scaly skin</p> <p>95 - 1 2 3 Oily, greasy coat</p> <p>96 - 1 2 3 Increased pigment to skin</p> <p>97 - 1 2 3 Thickened fold around face</p> <p>98 - 1 2 3 Cold intolerant</p> <p>99 - 1 2 3 Mental dullness</p> <p>100 - 1 2 3 Depression</p> <p>101 - 1 2 3 Exercise intolerant</p> <p>102 - 1 2 3 Back problems</p> <p>103 - 1 2 3 Weak pulse</p> <p>104 - 1 2 3 Stiff gait</p> <p>105 - 1 2 3 Constipation</p> <p>106 - 1 2 3 Dry eyes, change in eyes</p> <p>107 - 1 2 3 Weak knee ligaments</p> | <p style="text-align: center;">(C)</p> <p>108 - 1 2 3 Failing memory</p> <p>109 - 1 2 3 Abnormal thirst</p> <p>110 - 1 2 3 Weight gain around rear end</p> <p>111 - 1 2 3 Neutered male retains sexual activity</p> <p>112 - 1 2 3 Abnormal heat cycles of intact females</p> <p>113 - 1 2 3 Intact female: no heat cycle</p> | <p style="text-align: center;">(D)</p> <p>114 - 1 2 3 Excessive water consumption</p> <p>115 - 1 2 3 Increased urination</p> <p>116 - 1 2 3 Abnormal urination behavior</p> <p>117 - 1 2 3 Thin skin</p> <p>118 - 1 2 3 Panting all the time</p> <p>119 - 1 2 3 Respiratory distress</p> <p>120 - 1 2 3 Lethargic</p> <p>121 - 1 2 3 Change in behavior</p> <p>122 - 1 2 3 Pacing</p> <p>123 - 1 2 3 Muscles weak</p> <p>124 - 1 2 3 Distended abdomen</p> <p>125 - 1 2 3 Weak knees</p> <p>126 - 1 2 3 Decline in arthritic symptoms</p> |
| | | | <p style="text-align: center;">(E)</p> <p>127 - 1 2 3 Weakness</p> <p>128 - 1 2 3 Depression</p> <p>129 - 1 2 3 Slow heart</p> <p>130 - 1 2 3 Intermittent anorexia</p> <p>131 - 1 2 3 Intermittent vomiting and diarrhea</p> <p>132 - 1 2 3 Weak pulse</p> <p>133 - 1 2 3 Collapse</p> |

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GROUP EIGHT	GROUP NINE	GROUP TEN (A)
134 - 1 2 3 Halitosis	145 - 1 2 3 Rubs at ears	153 - 1 2 3 Increased shedding
135 - 1 2 3 Difficulty eating dry food	146 - 1 2 3 Odor to ears	154 - 1 2 3 Itching
136 - 1 2 3 Drooling	147 - 1 2 3 Goopy ears	155 - 1 2 3 Red bumps to skin
137 - 1 2 3 Bleeding from mouth or nose	148 - 1 2 3 Shakes head	156 - 1 2 3 Scabs or crusts to skin
138 - 1 2 3 Rubs at face	149 - 1 2 3 Body odor	157 - 1 2 3 Dandruff
139 - 1 2 3 Chews to one side	150 - 1 2 3 Moist under front/rear legs	158 - 1 2 3 Body odor
140 - 1 2 3 Drops food	151 - 1 2 3 Greasy/Oily skin	159 - 1 2 3 Skin crawls
141 - 1 2 3 Picky eater	152 - 1 2 3 Odor that returns shortly after bath	160 - 1 2 3 Poor fur quality
142 - 1 2 3 Cries with movement to head		161 - 1 2 3 Areas of changed skin appearance
143 - 1 2 3 Swelling to face		162 - 1 2 3 Sores on skin
144 - 1 2 3 Rapidly accumulates tarter on teeth		

GROUP TEN (CONT)		
163 - 1 2 3 Fur falls out	166 - 1 2 3 Rarely itches	169 - 1 2 3 Scratching noticed
164 - 1 2 3 Dull coat	167 - 1 2 3 Excessive shedding	
165 - 1 2 3 Flaking of skin	168 - 1 2 3 Smooth skin at bald areas	

IMPORTANT

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

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

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CASE RECORD

Client/Case No. _____ Pet's Name _____ Owner _____

Age _____ Weight _____ Sex _____

Diet _____

History of Illness/Operations/Accidents/Injuries: _____

Treatments/Medications/Supplements: _____

Present Illness or Complaints: _____

Diagnostic Summary: _____

Treatment, Recommendations and Progress: _____
