

# Canine VetSurvey©

For Use with Veterinary Doctors (Dogs) - Restricted to Professional Use – IVE, Inc.

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 - <b>1 2 3</b> Dry mouth-eyes-nose                             | 2 - <b>1 2 3</b> Keyed up, fails to calm            | 3 - <b>1 2 3</b> Nervous                      |
| 4 - <b>1 2 3</b> Unable to relax, startles easily                | 5 - <b>1 2 3</b> Obsessive compulsive behavior      | 6 - <b>1 2 3</b> Vomits easily w/excitement   |
| 7 - <b>1 2 3</b> Tends toward aggression                         | 8 - <b>1 2 3</b> Fear biter                         | 9 - <b>1 2 3</b> Paws sweat readily           |
| 10 - <b>1 2 3</b> High anxiety                                   | 11 - <b>1 2 3</b> Isolates away from family or pets | 12 - <b>1 2 3</b> Afraid of storms, fireworks |
| 13 - <b>1 2 3</b> Cannot adapt easily to changes in home routine |                                                     |                                               |

## GROUP TWO

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

## GROUP THREE

- (A)
- |                                                  |                                                     |                                    |
|--------------------------------------------------|-----------------------------------------------------|------------------------------------|
| 25 - <b>1 2 3</b> Trembles, episodes of weakness | 26 - <b>1 2 3</b> Seizures                          | 27 - <b>1 2 3</b> Disoriented      |
| 28 - <b>1 2 3</b> Increased water consumption    | 29 - <b>1 2 3</b> Urinating frequently large amount | 30 - <b>1 2 3</b> Hungry often     |
| 31 - <b>1 2 3</b> Change in appearance of eyes   | 32 - <b>1 2 3</b> Weight loss                       | 33 - <b>1 2 3</b> Behavior changes |
- (B)
- |                                      |                                                 |                                             |
|--------------------------------------|-------------------------------------------------|---------------------------------------------|
| 34 - <b>1 2 3</b> Increased sleeping | 35 - <b>1 2 3</b> Decreased activity level      | 36 - <b>1 2 3</b> Wheat, rice, corn in diet |
| 37 - <b>1 2 3</b> Overweight         | 38 - <b>1 2 3</b> Can not lose weight with diet | 39 - <b>1 2 3</b> Appetite varies           |
| 40 - <b>1 2 3</b> Eats feces         | 41 - <b>1 2 3</b> Passes a lot of gas           |                                             |

## GROUP FOUR

- |                                                             |                                                |                                         |
|-------------------------------------------------------------|------------------------------------------------|-----------------------------------------|
| 42 - <b>1 2 3</b> Exercise intolerance                      | 43 - <b>1 2 3</b> Significant loss muscle mass | 44 - <b>1 2 3</b> Fainting, collapse    |
| 45 - <b>1 2 3</b> Cough, especially at rest                 | 46 - <b>1 2 3</b> Disoriented                  | 47 - <b>1 2 3</b> Swelling in rear legs |
| 48 - <b>1 2 3</b> Abdominal enlargement                     | 49 - <b>1 2 3</b> Rear legs tremble, weak      | 50 - <b>1 2 3</b> History of heartworms |
| 51 - <b>1 2 3</b> Difficulty breathing, shortness of breath |                                                |                                         |

## GROUP FIVE

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

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## GROUP SIX

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

## GROUP SEVEN

(A)

- 87 - **1 2 3** Hyperactive
- 88 - **1 2 3** Weight loss
- 89 - **1 2 3** Increased skin temperature
- 90 - **1 2 3** Racing heart

(B)

- |                                              |                                                     |                                             |
|----------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| 91 - <b>1 2 3</b> Increased shedding         | 92 - <b>1 2 3</b> Thinning, sparse coat, bald spots | 93 - <b>1 2 3</b> Warts                     |
| 94 - <b>1 2 3</b> Dry, scaly skin            | 95 - <b>1 2 3</b> Oily, greasy coat                 | 96 - <b>1 2 3</b> Increased pigment to skin |
| 97 - <b>1 2 3</b> Elevated blood cholesterol | 98 - <b>1 2 3</b> Cold intolerant, likes warm       | 99 - <b>1 2 3</b> Fatty tumors              |
| 100 - <b>1 2 3</b> Depression, mentally dull | 101 - <b>1 2 3</b> Exercise intolerant              | 102 - <b>1 2 3</b> Back/neck problems       |
| 103 - <b>1 2 3</b> Weak pulse                | 104 - <b>1 2 3</b> Obese or can't lose weight       | 105 - <b>1 2 3</b> Stiff gait               |
| 106 - <b>1 2 3</b> Dry eyes, change in eyes  | 107 - <b>1 2 3</b> Weak knee ligaments              |                                             |

(C)

- 108 - **1 2 3** Failing memory
- 109 - **1 2 3** Abnormal thirst
- 110 - **1 2 3** Weight gain around rear end
- 111 - **1 2 3** Neutered male retains sexual activity
- 112 - **1 2 3** Abnormal heat cycles of intact females
- 113 - **1 2 3** Intact female: no heat cycle

(D)

- |                                                  |                                         |                                         |
|--------------------------------------------------|-----------------------------------------|-----------------------------------------|
| 114 - <b>1 2 3</b> Excessive water consumption   | 115 - <b>1 2 3</b> Increased urination  | 116 - <b>1 2 3</b> Abnormal urination   |
| 117 - <b>1 2 3</b> Thin skin                     | 118 - <b>1 2 3</b> Panting all the time | 119 - <b>1 2 3</b> Respiratory distress |
| 120 - <b>1 2 3</b> Lethargic                     | 121 - <b>1 2 3</b> Change in behavior   | 122 - <b>1 2 3</b> Pacing               |
| 123 - <b>1 2 3</b> Muscles weak                  | 124 - <b>1 2 3</b> Distended abdomen    | 125 - <b>1 2 3</b> Weak knees           |
| 126 - <b>1 2 3</b> Decline in arthritic symptoms |                                         |                                         |

(E)

- |                                                       |                               |                               |
|-------------------------------------------------------|-------------------------------|-------------------------------|
| 127 - <b>1 2 3</b> Weakness                           | 128 - <b>1 2 3</b> Depression | 129 - <b>1 2 3</b> Slow heart |
| 130 - <b>1 2 3</b> Intermittent anorexia              | 131 - <b>1 2 3</b> Weak pulse | 132 - <b>1 2 3</b> Collapse   |
| 133 - <b>1 2 3</b> Intermittent vomiting and diarrhea |                               |                               |

## GROUP EIGHT

- |                                                        |                                                          |
|--------------------------------------------------------|----------------------------------------------------------|
| 134 - <b>1 2 3</b> Older dog                           | 135 - <b>1 2 3</b> Difficulty getting up and down        |
| 136 - <b>1 2 3</b> History of knee or hip surgery      | 137 - <b>1 2 3</b> Arthritic, degenerative joint disease |
| 138 - <b>1 2 3</b> Back or disc problems               | 139 - <b>1 2 3</b> Losing muscle tone in legs or back    |
| 140 - <b>1 2 3</b> Has had ligaments damaged           | 141 - <b>1 2 3</b> Healing fracture in body              |
| 142 - <b>1 2 3</b> Bone spurs or enlarged joints       | 143 - <b>1 2 3</b> Suffering from a sprain or strain     |
| 144 - <b>1 2 3</b> Rapidly accumulates tartar on teeth |                                                          |

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## GROUP NINE

145 - **1 2 3** Abnormal/frequent urination

146 - **1 2 3** History of bladder infections

147 - **1 2 3** Kidney disease

148 - **1 2 3** Licking at penis or vulva

149 - **1 2 3** History of bladder stones

150 - **1 2 3** Leaking urine

151 - **1 2 3** Painful urination

152 - **1 2 3** Wants to go outside more often

## GROUP TEN

153 - **1 2 3** Increased shedding

154 - **1 2 3** Itching

155 - **1 2 3** Red bumps to skin

156 - **1 2 3** Scabs or crusts to skin

157 - **1 2 3** Dandruff, flaking

158 - **1 2 3** Body or ear odor

159 - **1 2 3** Skin crawls

160 - **1 2 3** Poor fur quality

161 - **1 2 3** Sores on skin

162 - **1 2 3** Areas of changed skin appearance

163 - **1 2 3** Frequent infections

164 - **1 2 3** Rubs at ears

165 - **1 2 3** Moisture under front/rear legs

166 - **1 2 3** Gooey ears

167 - **1 2 3** Shakes head

168 - **1 2 3** Has repeatedly taken prednisone

169 - **1 2 3** Odor that returns shortly after bath

## 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.

**OTHER COMMENTS YOU WOULD LIKE TO MAKE:**