

# Feline VetSurvey©

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

## GROUP TWO

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

## GROUP THREE

- |   |   |                                      |
|---|---|--------------------------------------|
| 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> Difficulty walking straight         | 29 - <b>1 2 3</b> Hungry often                        | 30 - <b>1 2 3</b> Behavioral changes |
| 31 - <b>1 2 3</b> Belly distended but thin along back | 32 - <b>1 2 3</b> Drinks a lot of water, sits at bowl |                                      |
| 33 - <b>1 2 3</b> Body sagging                        | 34 - <b>1 2 3</b> Frequent urination                  | 35 - <b>1 2 3</b> Does nothing       |
| 36 - <b>1 2 3</b> Change in appearance of eyes        | 37 - <b>1 2 3</b> Weight loss                         | 38 - <b>1 2 3</b> Walks low in rear  |
| 39 - <b>1 2 3</b> Large volume of urine in litterbox  |   |                                      |

## GROUP FOUR

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

## GROUP FIVE

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

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## GROUP SIX

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

## GROUP SEVEN

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

## GROUP EIGHT

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

## GROUP NINE

- |   |   |  |
|---|---|--|
| 112 - <b>1 2 3</b> Frequent urination             | 113 - <b>1 2 3</b> Urinates outside of litter box | 114 - <b>1 2 3</b> Drinks more water       |
| 115 - <b>1 2 3</b> Cannot seem to get comfortable | 116 - <b>1 2 3</b> Licking at rear a lot          | 117 - <b>1 2 3</b> Pacing                  |
| 118 - <b>1 2 3</b> Crying                         | 119 - <b>1 2 3</b> In and out of litter box       | 120 - <b>1 2 3</b> Urinating small amounts |
| 121 - <b>1 2 3</b> History of bladder infections  | 122 - <b>1 2 3</b> Diet primarily dry food        |  |

## GROUP TEN

- |  |   |   |
|--|---|---|
| 123 - <b>1 2 3</b> Sneezing                            | 124 - <b>1 2 3</b> Runny eyes                   | 125 - <b>1 2 3</b> Gets infections easily |
| 126 - <b>1 2 3</b> Frequently on antibiotics           | 127 - <b>1 2 3</b> Has FELV, FIV, AIDS, or Toxo | 128 - <b>1 2 3</b> Is over 12 years old   |
| 129 - <b>1 2 3</b> 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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

OTHER COMMENTS YOU WOULD LIKE TO MAKE: