



# Clinical Animal Nutrition Survey© for Cats

A System Approach to Identifying Vitamin and Mineral Imbalances and Organ Distress  
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NAME \_\_\_\_\_ AGE \_\_\_\_\_ Weight \_\_\_\_\_ OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Put a number in the box in front of the symptom **only that 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		Skin sores, lesions
	Keyed up, unable to relax		Tends toward aggression or anxiety		Vomits, nervous stomach
	Fur loss on tail, legs, tummy		Hides a lot		Sheds a lot, especially when excited
	Excessive grooming		Prowls day and night		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		Poor circulation, sensitive to cold
	Always seems hungry		Eyes or nose watery		Constipation, diarrhea, alternating
	Lazy, Slow starter, slow mover		Overweight		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		Belly distended but thin along back
	Seizures		Hungry often, eats fast		Behavior changes
	Disoriented at times		Change in appearance of eyes		Drinks a lot of water, sits at bowl
	Difficulty walking straight		Weight loss		Overweight
	Wheat, corn, rice, barley, oats in diet		Walks low in rear		Body sagging in middle
			SCORE GROUP THREE: Add all columns =		Number divided by 45 X 100 = %

GROUP FOUR - CIRCULATION					
	Exercise intolerance, lethargy		Coughing		Weak in rear legs
	Significant loss of muscle mass		Seems disoriented at times		Difficulty breathing. Wheezing
	Short rapid breathing, open mouth		Vomiting		Cold rear legs
	Weight loss		Enlarged heart		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		Stands with back arched
	Stool watery or diarrhea		Seizures, tremors		Elevated cholesterol, triglycerides
	Appears bloated		Change in appetite		Elevated liver enzymes, lipase
	Obese		Food sensitivities		Ocular discharge
	Recent or rapid weight loss		Anal Sac problems, Scooting		Rubs at ears or face
	Sporadic vomit/diarrhea		Recent stressful event		Increased salivation
	Lethargic		Green / dark stool		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		Intermittent vomiting
	Halitosis		Recurrent diarrhea		Excessive or chronic eye drainage
	Subject to allergies		Sores in mouth or on lips		Poor coat, sheds a lot
	Sensitive stomach		Vomits fur balls		Recent intestinal parasites
			SCORE GROUP SIX: Add all columns =		Number divided by 36 X 100 = %

## Clinical Animal Nutrition Survey© for Cats – Page 2

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			
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 = %

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. \_\_\_\_\_