

## MainStreet Veterinarians of Stone Mountain Symptom Survey for Cats

A System Approach to Identifying Vitamin and Mineral Imbalances and Organ Distress  
Restricted to Professional Veterinary Use.

CHART \_\_\_\_\_ PATIENT \_\_\_\_\_ AGE \_\_\_\_\_ Weight \_\_\_\_\_ OWNER \_\_\_\_\_  
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                     | 2 - 1 2 3 Prowls day and night | 3 - 1 2 3 Sheds a lot, especially when excited |
| 4 - 1 2 3 Unable to relax, jumpy                  | 5 - 1 2 3 Extremities cold     | 6 - 1 2 3 Skin sores, lesions                  |
| 7 - 1 2 3 Fur loss on tail, legs, belly           | 8 - 1 2 3 Hides a lot          | 9 - 1 2 3 Vomits, nervous stomach              |
| 10 - 1 2 3 Excessive grooming                     | 11 - 1 2 3 High anxiety        | 12 - 1 2 3 Nervous attitude                    |
| 13 - 1 2 3 Recent change in home schedule/routine | 14 - 1 2 3 New pet in house    |  |

### GROUP TWO

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

### GROUP THREE

- |  |  |                               |
|--|--|-------------------------------|
| 25 - 1 2 3 Trembles, episodes of weakness      | 26 - 1 2 3 Seizures                            | 27 - 1 2 3 Disoriented        |
| 28 - 1 2 3 Difficulty walking straight         | 29 - 1 2 3 Hungry often                        | 30 - 1 2 3 Behavioral changes |
| 31 - 1 2 3 Belly distended but thin along back | 32 - 1 2 3 Drinks a lot of water, sits at bowl |                               |
| 33 - 1 2 3 Body sagging                        | 34 - 1 2 3 Frequent urination                  | 35 - 1 2 3 Does nothing       |
| 36 - 1 2 3 Change in appearance of eyes        | 37 - 1 2 3 Weight loss                         | 38 - 1 2 3 Walks low in rear  |
| 39 - 1 2 3 Large volume of urine in litter box |  |                               |

### GROUP FOUR

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

### GROUP FIVE

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

## **MainStreet Veterinarians of Stone Mountain Symptom Survey for Cats**

A System Approach to Identifying Vitamin and Mineral Imbalances and Organ Distress

*Restricted to Professional Veterinary Use.*

Page 2

### **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> Can't get comfortable         | 116 - <b>1 2 3</b> Licking at rear a lot          | 117 - <b>1 2 3</b> History urinary stones |
| 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> Urinates small amounts |
| 121 - <b>1 2 3</b> History of bladder infections | 122 - <b>1 2 3</b> Diet mostly 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. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ |          |

OTHER COMMENTS YOU WOULD LIKE TO MAKE: