

UNIVERSITY *of* MISSOURI

COLLEGE OF VETERINARY MEDICINE
VETERINARY HEALTH CENTER

Please address to Dr. Robert Backus, Dr. Allison Wara, and Dr. Megan Sprinkle at 573-884-7563 and send by fax to 573-884-7563 or email to mucvmnutrition@missouri.edu

Nutrition Consult Form

Date of request _____

What are your goals for referring this patient for a nutrition consultation?

- Recommend commercial diet
- Formulate home-prepared diet
- Balance home diet (please attach recipe)



1. Contact information for referring veterinarian

Name _____

Clinic Name _____

Address _____

Phone number _____

Fax number _____

Email address _____

Best method and day/time to contact _____

2. Contact information for owner/client

Name _____

Address _____

Phone number _____

Fax number _____

Email address _____

Best method and day/time to contact _____

Please note: the clinic of the referring veterinarian will be billed for all services.

3. Pet information

Name _____

Dog Cat

Male Female Spayed Neutered

Age _____ years _____ months

Breed _____

Body weight _____ lb kg Ideal body weight _____ lb kg

Body condition score (1-9) _____ (1-emaciated, 5-ideal, 9-obese)

Muscle condition score (1-3) _____ (1-emaciated, 2-decreased, 3-ideal)

4. Current medical problems or diagnoses (please list all relevant problems)



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5. Current medications (please list names of drugs and supplements along with dosages)
6. Current medical history and diagnostic test results (please attach recent medical records, results of labwork, imaging, etc.)
7. Current diet(s) and feeding plan (brand, type, flavor, variety, dry or canned, amount, frequency, snacks, treats, human foods, supplements)
8. Previous diet(s) and feeding plan(s)
9. Current appetite: good, moderate, intermittently poor, poor
Number and timing of meals and snacks _____
Description of eating behavior: nibbles, wolfs it down, leaves and comes back, other _____
10. Previous appetite and description of eating behavior
11. Current level of activity (very high, high, moderate, low, very low)
12. Food/ingredient allergies or sensitivities; any foods, diets, or products that are not tolerated
13. If home-prepared diet requested, please check all foods that are acceptable to both owner and pet (e. g., palatable, tolerated, available). Select at least one from each group.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Beans, pinto |
| <input type="checkbox"/> Turkey | <input type="checkbox"/> Egg |
| <input type="checkbox"/> Beef, ground | <input type="checkbox"/> Cottage cheese |
| <input type="checkbox"/> Beef, other | <input type="checkbox"/> Tuna |
| <input type="checkbox"/> Pork | <input type="checkbox"/> Salmon |
| <input type="checkbox"/> Lamb | <input type="checkbox"/> White fish |
| <input type="checkbox"/> Venison | <input type="checkbox"/> Other _____ |

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Rice, white | <input type="checkbox"/> Peas, green |
| <input type="checkbox"/> Rice, brown | <input type="checkbox"/> Oatmeal |
| <input type="checkbox"/> Potato, white | <input type="checkbox"/> Quinoa |
| <input type="checkbox"/> Potato, sweet | <input type="checkbox"/> Tapioca |
| <input type="checkbox"/> Pasta/spaghetti | <input type="checkbox"/> Barley |
| <input type="checkbox"/> Corn, corn meal | <input type="checkbox"/> Millet |
| <input type="checkbox"/> Other _____ | |

