



Please address to Dr. Robert Backus, Dr. Allison Wara, Dr. Megan Sprinkle, and Dr. Tabitha Hookey

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Nutrition Consultation 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)
Other (please state) \_\_\_\_\_



1. Contact information for referring DVM:

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 \_\_\_\_\_
Email address \_\_\_\_\_
Best method and 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 \_\_\_\_\_ 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):

5. Current medications including supplements (please list names, dosages, and frequency):

6. Current medical history and diagnostic test results (please attach recent medical records, including lab work results, imaging, etc.):

7. Current diet:

Please list all pet food, human food, treats and snacks your pet receives. If feeding a homemade diet, please list each ingredient separately. Examples are listed below.

<b>Brand</b>	<b>Specific Formulation (or ingredient if homemade)</b>	<b>Type/form</b>	<b>Amount per meal/ serving</b>	<b># of servings per Day</b>	<b>Fed Since</b>
<i>Purina</i>	<i>ProPlan Savor Shredded Blend Adult Salmon &amp; Rice Formula</i>	<i>Kibble</i>	<i>1 ½ cups</i>	<i>2</i>	<i>May 8, 2012</i>
<i>Hill's Ideal Balance</i>	<i>Soft-Baked Naturals with Chicken &amp; Carrots Dog Treats</i>	<i>Snacks</i>	<i>2 treats</i>	<i>1</i>	<i>January 2016</i>
<i>Honeycrisp</i>	<i>Apple</i>	<i>Raw</i>	<i>½ fruit</i>	<i>1</i>	<i>October 2015</i>

8. Previous diet(s) and feeding plan(s):

Brand	Specific Formulation (or ingredient if homemade)	Type/form	Amount per meal/ serving	# of servings per Day	Fed Since

9. Current appetite:  Good  Moderate  Intermittently poor  Poor

10. Description of eating behavior:  Nibbles  Wolfs it down  Leaves and comes back

Other (describe) \_\_\_\_\_

11. Current level of activity:  Very high  High  Moderate  Low  Very low

12. Describe your pet's daily activity (type, duration, frequency):

13. Is your pet housed:  Indoor  Outdoor  Both

14. Do you have other pets?  Yes  No If yes, please list (species and number):

13. List all food/ingredient allergies or sensitivities, including any diets or products that are not tolerated:

14. 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 protein and one carb:

**PROTEIN**

- Chicken
- Beans, pinto
- Turkey
- Egg
- Beef, ground
- Beef, other
- Cottage cheese

- Tuna
- Pork
- Salmon
- Lamb
- White fish
- Venison

**CARBOHYDRATE**

- Rice, white
- Peas, green
- Rice, brown
- Oatmeal
- Potato, white
- Quinoa
- Potato, sweet
- Tapioca
- Pasta/spaghetti
- Barley
- Corn, corn meal
- Millet
- Other \_\_\_\_\_