



Please address to Dr. Robert Backus, Dr. Tabitha Hookey, and Dr. Catherine Ruggiero  
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Visit: <http://vhc.missouri.edu/small-animal-hospital/nutrition/>

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 \_\_\_\_  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):



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:

- |   |                                     |  |  |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Chicken        | <input type="checkbox"/> Tuna       | <input type="checkbox"/> Rice, white   | <input type="checkbox"/> Pasta/spaghetti |
| <input type="checkbox"/> Beans, pinto   | <input type="checkbox"/> Pork       | <input type="checkbox"/> Peas, green   | <input type="checkbox"/> Barley          |
| <input type="checkbox"/> Turkey         | <input type="checkbox"/> Salmon     | <input type="checkbox"/> Rice, brown   | <input type="checkbox"/> Corn, corn meal |
| <input type="checkbox"/> Egg            | <input type="checkbox"/> Lamb       | <input type="checkbox"/> Oatmeal       | <input type="checkbox"/> Millet          |
| <input type="checkbox"/> Beef, ground   | <input type="checkbox"/> White fish | <input type="checkbox"/> Potato, white | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Beef, other    | <input type="checkbox"/> Venison    | <input type="checkbox"/> Quinoa        | _____                                    |
| <input type="checkbox"/> Cottage cheese |                                     | <input type="checkbox"/> Potato, sweet |  |
|   |                                     | <input type="checkbox"/> Tapioca       |  |