

College of Veterinary Medicine Veterinary Health Center

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Email: <u>mucvmnutrition@missouri.edu</u> Visit: <u>http://vhc.missouri.edu/small-animal-hospital/nutrition/</u>

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: 2. C
 - 2. Contact information for owner/client:

PLACE LABEL HERE

Name	Name
Clinic Name	Address
Address	
Phone number	
Fax number	Best method and time to contact
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 weigl	וt 🗆	lb 🗆 kg Ideal b	ody weight	_ □ lb □ kg
Body cond	tion score (1	-9) (1= 6	emaciated, 5= idea	al, 9 =obese)
Muscle cor	dition score	(1-3) (1=	emaciated, 2=dec	reased, 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 (<u>please attach recent medical records</u>, including lab work results, imaging, etc.):

7. Current Diet:

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

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

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 <u>not</u> 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:
- Chicken
 Beans, pinto
 Turkey
 Egg
 Beef, ground
 Beef, other
 Cottage cheese

□Tuna □Pork □Salmon □Lamb □White fish □Venison Rice, white
Peas, green
Rice, brown
Oatmeal
Potato, white
Quinoa
Potato, sweet
Tapioca

□Pasta/spaghetti □Barley □Corn, corn meal □Millet □Other