

Please address to Dr. Robert Backus, Dr. Rachel Kurzbard,
and Dr. Janelle Corugedo

Fax: 573-884-7563

Email: mucvmnutrition@missouri.edu

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) _____

PLACE LABEL HERE

1. Contact information for referring DVM:

Name _____

Clinic Name _____

Address _____

City, State, Zip _____

Phone number _____

Email address _____

Fax number _____

Best method and day/time to contact _____

2. Contact information for owner/client:

Name _____

Address _____

City, State, Zip _____

Phone number _____

Email address _____

Best method and time to contact _____

QUESTIONS #3-6 TO BE COMPLETED BY VETERINARIAN; QUESTIONS #7-17 TO BE COMPLETED BY PET OWNER

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. Is this consultation a request for a novel ingredient diet, one which includes ingredients the pet has *not* been exposed to? Yes No

If yes, is the owner committed to performing an appropriate elimination trial? Yes No

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

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

TO BE COMPLETED BY PET OWNER:

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

8. 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.

Brand	Specific Formulation (or ingredient if homemade)	Type/form	Amount per meal/ serving	# of servings per Day	Fed Since
<i>Purina</i>	<i>ProPlan Savor Shredded Blend Adult Salmon & 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 & 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>

9. 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

10. Current appetite: Good, Moderate, Intermittently poor, Poor

11. Description of eating behavior: Nibbles, Wolfs it down, Leaves and comes back, Other (describe)_____

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

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

14. Is your pet housed: Indoor Outdoor Both

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

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

17. 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 | Tuna | Rice, white | Pasta/spaghetti |
| Beans, pinto | Pork | Peas, green | Barley |
| Turkey | Salmon | Oatmeal | Corn, corn meal |
| Egg | Lamb | Potato, white | Millet |
| Beef, ground | White fish | Quinoa | Other _____ |
| Beef, other | Vension | Potato, sweet | _____ |
| Cottage cheese | | Tapioca | |