

## **External Nutrition Consultation Request Form**

Before a consultation with our Nutrition Service can be performed, we must receive the following:

**Nutrition Consultation Request Form**

- Medical information filled out by the primary veterinarian
- Diet history filled out by the client/owner

**Pertinent medical records**

- This includes:
  - Medical and physical examination notes
  - Diagnostic results (any previous CBC, biochemistry, urinalysis, ultrasound, biopsy, etc. results)

**Required lab work** from the last 6 months\*

- CBC
- Serum biochemistry
- Urinalysis +/- UPC, SDMA, blood pressure as indicated or for CKD patients
- +/- T4 if indicated or if patient is obese

\*If there are barriers to submitting this lab work, the referring veterinarian may call or email our nutrition service.

Please email (preferred) or fax the above documents to our Nutrition Service

Please address to Dr. Robert Backus, Dr. Janelle Corugedo, and Dr. Jenna Manacki

**Fax:** (573) 882-7784

**Phone:** (573) 882-7821

**Nutrition Service Email:** [mucvmnutrition@missouri.edu](mailto:mucvmnutrition@missouri.edu)

**Visit:** <http://vhc.missouri.edu/small-animal-hospital/nutrition/>

If you DO NOT receive a welcome email from us within 48 hours of sending the above documents, please call or email us to ensure all paperwork was received.

# Nutrition Consultation Request Form

PLACE PATIENT LABEL HERE

Date of Request: \_\_\_\_\_

## 1. Contact information for DVM managing case

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: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Best method and day/time to contact: \_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY

*QUESTIONS #3-8 TO BE COMPLETED BY VETERINARIAN*

### 3. Pet information:

Name \_\_\_\_\_  
Signalment (age, sex, neuter status, species or 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. What are your specific 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):

\_\_\_\_\_  
\_\_\_\_\_

5. May we contact the owner directly with questions if needed? \_\_\_ Yes \_\_\_ No

6. 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

### 7. Current medical problems or diagnoses (please summarize all relevant problems):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 8. Pertinent previous medical conditions that are now resolved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIET HISTORY** *QUESTIONS 9-25 TO BE COMPLETED BY **PET OWNER***. For examples, please see last page.

9. Is your pet on a flea, tick, and/or heartworm preventative?  Yes  No If yes, which one(s)?

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10. Please list all medications your pet currently is receiving. Please list drug name, dosage, frequency, and method of administration. For example, *prednisone 1mg twice a day*.

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11. What food items are used to administer medications (if used) and how much?

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12. Please list all supplements given to your pet (brand name, dosage, frequency, and method of administration). For example, *Nordic Naturals Omega 3 Pet liquid 1ml once a day on top of food*.

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13. Current Diet: Please list all commercial pet food or human food your pet receives. Please be as specific as possible. If feeding a homemade diet, please list each ingredient separately. See examples on last page, Page 5.

<i>Brand</i>	<i>Specific Formulation or ingredient</i>	<i>Type/Form</i>	<i>Amount per meal/serving</i>	<i>Frequency of serving</i>	<i>Fed since</i>

14. Treats and chews: Please list all treats, chews, and quantities fed daily/weekly. This includes human food items, dental chews, rawhides, Nylabones, toothpaste to brush teeth, etc.

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15. Past Diets: Please fill out the following table to include diets your pet has been on in the past.

<i>Brand</i>	<i>Specific Formulation or ingredient</i>	<i>Type/Form</i>	<i>Amount per meal/serving</i>	<i>Frequency of serving</i>	<i>Fed since</i>

16. Current appetite:  Good  Moderate  Intermittently Poor  Poor

17. Description of eating behavior:  Nibbles  Wolfs it down  Leaves and comes back  Other (describe): \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

20. Is your pet housed:  Indoor  Outdoor  Both

21. Do you have other pets?  Yes  No

If yes, please list (species and number):

\_\_\_\_\_

\_\_\_\_\_

22. Does your pet ever get unintentional food items like another pet's diet, trash, table scraps, or a family member or friend who gives your pet food? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

25. If a dietary elimination trial is requested, please list which food items from above (question #22) that your pet has **never** consumed before (in their commercial diet or individually):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Diet History Form Examples

The following are examples to supplement the diet history form in case any questions arise.

9. Please describe which flea, tick, and heartworm medication your pet is currently on and plan to continue to use.

*We give Fluffy one chewable Simparica (sarolaner) tablet for dogs 44.1-88 lb. on the first Sunday of every month. We last gave it on Sunday August 1<sup>st</sup> and have been giving it for the last year. He also gets 1 chewable Heartgard (ivermectin/pyrantel) tablet for dogs 51-100 lb. on the first Sunday of every month. The last dose was on Sunday August 1<sup>st</sup> and we have been giving it for two years.*

10. Please list all medications your pet current is receiving.

*Fluffy gets Prednisone 1mg/ml solution, 2 ml by mouth every other day in the mornings since August 5<sup>th</sup>. He also gets 1/2 tablet of Thyro-Tabs 0.8 mg tablet once a day hidden in 1/2 slice of turkey deli meat after his breakfast since 2018.*

12. Please list all supplements given to your pet.

*Fluffy gets 1 chew of NaturVet Moderate Care Glucosamine DS Plus MSM & Chondroitin Dog & Cat supplement once a day for the last year. He also gets 1 capsule of Nordic Naturals Omega-3 Pet supplement once a day in the evenings hidden in 1 teaspoon of peanut butter since July 1<sup>st</sup> 2020.*

13. Diet Examples:

Brand	Specific Formulation or ingredient	Type/Form	Amount per meal/serving	Frequency of serving	Fed since
Purina	Pro Plan Savor Adult Chicken & Rice	Kibble	1 cup	Twice a day	November 2019
Hill's	Science Diet Adult 7+ Savory Chicken Entree Canned Cat Food	Canned	1/2 can (5.5 oz can)	Twice a day	November 2019
	Chicken breast	Baked	1/2 cup	Once a day	December 2018

14. Treats and chews.

*Fluffy gets 1 Nylabone Healthy Edibles Bacon Flavor Dog Bone once a week. Every day we give him 1 Greenies Large Dog Dental Chew in the afternoon. We have deer antlers around the house available for him to chew as he pleases.*

19. Describe your pet's daily activity (type, duration, frequency): *Fluffy goes on a 1 mile walk every morning, he stays indoors all day except when I get home from work where he plays outside for about 1 hour. On weekends, we go to the dog park for about 2 hours or take him on a long hike.*

21. Do you have other pets? *We have one other dog, Daisy, who is 1 year old and loves to play with Fluffy. She is fed separately. We also have chickens in our backyard that are fenced off.*

22. Does your pet ever get unintentional food items like another pet's diet, trash, table scraps, or a family member or friend who gives your pet food? If yes, please describe: *Sometimes Fluffy gets into the chicken feed when I am not looking.*

23. List all food/ingredient allergies or sensitivities, including any diets or products that are **not** tolerated: *Fluffy was immediately very itchy on his paws and ears after eating Hill's Science Diet Lamb and Rice kibble so I think he is allergic to lamb. After I gave him some rotisserie chicken breast meat last week, he developed diarrhea later that day and seems uncomfortable.*

25. If a dietary elimination trial is requested, please list which food items from above (question #22) that your pet has **never** consumed before (in their commercial diet or individually): *Fluffy has never eaten pork, lamb, venison, cottage cheese, tuna, barley, oatmeal, pasta, or millet before in a commercial diet or alone. I think he has never had brown rice before, but it may have been in one of his commercial diets before.*