



Please address to Dr. Robert Backus, Dr. Lauren Young, 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: \_\_\_\_\_ Normal \_\_\_\_\_ Mild muscle loss \_\_\_\_\_ Moderate muscle loss \_\_\_\_\_ Severe muscle loss

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):

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

16a. Is this consultation a request for a novel ingredient diet, one which includes ingredients the pet has *not* been exposed to? \_\_\_\_ Yes      \_\_\_\_ No

16b. If yes, is the owner committed to performing an appropriate dietary elimination trial? \_\_\_\_  
Yes \_\_\_\_ No

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:

- |   |                                     |  |  |
|---|-------------------------------------|--|--|
| <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       |  |