



## Nutrition Consult Request

Please fill out this form to the best of your ability. The more information that is provided the more accurate the diet formulation will be. Fax the completed form and all pertinent records back to the number listed below c/o Heidi Allen, DVM, DACVIM.

Owner's full name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone number \_\_\_\_\_ e-mail \_\_\_\_\_

Requesting DVM name \_\_\_\_\_

Requesting hospital name \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Consult charges: Nutrition consult - \$100.00 Home made diets - \$125.00  
All expenses will be billed directly to the hospital.

Animal's Name \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_ Sex: M/I M/C F/I F/C

Age \_\_\_\_\_ Body condition score: \_\_\_\_\_/5 \_\_\_\_\_/9

Current weight: \_\_\_\_\_ lbs/Kgs Ideal weight: \_\_\_\_\_ lbs/Kgs

Reason for consult:

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**Clinical Summary:**

Please check all that apply:

Anorexia : # of days \_\_\_\_\_

Vomiting: # of days \_\_\_\_\_ Frequency \_\_\_\_\_

Description \_\_\_\_\_

Diarrhea:     Small bowel     Large bowel

Description \_\_\_\_\_

Wt loss:    Amount \_\_\_\_\_    Time frame: \_\_\_\_\_

Regurgitation

Difficulty prehending/swallowing

Current medications:

Medication name

Dose

Duration pet has been on

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Any foods used to give medications: Yes or No (circle one)

If yes, what type: \_\_\_\_\_

Flea/tick/heartworm prevention? Yes or No (circle one)

If yes, what type: \_\_\_\_\_

Last fecal completed on \_\_\_\_\_ Results \_\_\_\_\_

**Current diet:**

\*\*\*If pet has a picky appetite describe to the best of your ability the types of food and amount fed during the day\*\*\*

Diet type (s) \_\_\_\_\_

\_\_\_\_\_

Amounts (cups/cans per day): \_\_\_\_\_

Free choice feeding? Yes or No (circle one)

Number of meals/day \_\_\_\_\_

If dry food is an 8 oz cup used to measure kibble? Yes or No (circle one)

If not, what size measuring device? \_\_\_\_\_

If canned diet is fed, what size can? \_\_\_\_\_

If home cooked or raw diet please provide recipe including amount of ingredients on a separate page.

Treats: \_\_\_\_\_

\_\_\_\_\_

Table food: \_\_\_\_\_

\_\_\_\_\_

Any recent diet changes? Yes or No (circle one)

If yes, please describe: \_\_\_\_\_

Previous diets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any food intolerance/allergies? Yes or No (circle one)

If yes, what types \_\_\_\_\_

\_\_\_\_\_

Are other pets in the household? Yes or No (circle one)

If yes, how many and what type: \_\_\_\_\_

\_\_\_\_\_

Are pets fed separately? Yes or No (circle one)

Do they share the same bowl? Yes or No (circle one)

**Level of activity** (please circle all that apply): Sedentary Highly stressed

Active around house/in yard 1-2 short walks Long walks 2-3 times a week

Long walks 1-2 times a day Runs/dog park 2-3 times a week Very athletic

**If you are requesting a home made diet:**

Please circle any protein sources the patient will eat on a consistent basis:

Beef Chicken Turkey Duck Lamb Pork

Venison Rabbit Egg Salmon Tuna White fish

Cottage Cheese Tofu Other \_\_\_\_\_

Please circle any carbohydrate sources the patient will eat on a consistent basis:

Rice, white      Rice, brown      Pasta      Multigrain/whole wheat pasta  
Potato, white      Potato, sweet      Oatmeal      Corn      Other \_\_\_\_\_

Please identify any vegetable or fruits the patient will eat on a consistent basis:

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Do the owners request treats?    Yes    or    No    (circle one)

**Any other special requests or comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your request. We will contact you or the client with follow-up questions as needed. Once all of the necessary information to complete the consult is received, the turn around time is approximately 3 days for non-homemade diet consults and 1 week for homemade diet consults. Once the consult has been completed I will contact the owner to go over the consult. The completed consult will be sent to you and the client. Please call us if you have an additional questions or concerns.



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Heidi Allen, DVM, DACVIM  
Resident, Clinical Nutrition  
VA-MD Regional College Vet Med