

Nutrition Consult Request

(Instructions on reverse)

Today's Date: _____

Reason for consult _____

(e.g., diet question, obesity consult, special needs for medical or surgical condition?)

How to contact you to discuss consult: _____

I. Animal name _____ Owner name: _____

Primary Health Problems _____

Case#: _____ Species: _____ Breed: _____ Age: _____

Sex: _____ Body weight: _____ lb. BCS: _____ MCS: _____
(BCS: 1=cachexic, 2=thin, 3=moderate, 4=stout, 5=obese. MCS: 1=marked wasting, 2=wasting, 3=normal)

Patient in hospital? ____no ____yes Where? _____ Discharge date _____

II. Diet:

What food is fed? _____
(**EXACT** brand, name, flavor, form [canned, dry].)

How much is fed each day? _____
Quantity; if reported in cups, how big is the cup, the can?)

What else is consumed _____
(Type and amount of snacks, treats, supplements, medications and "people food" fed. Continue on back as needed)

III. Feeding

Feeding pattern _____ Where and when is the animal fed? _____
(Ad Lib, meals - how many?) (kitchen? at meals?)

IV. Environment

A. Other animals _____
(if yes, list breed, age, sex)

Access to other pet's food? **yes** ____ **no** ____ Competition for food? **yes** ____ **no** ____

Access to food in the neighborhood? **yes** ____ **no** ____

B. Social: who feeds meals? _____ snacks? _____
(client? children, someone else? If yes, who?)

C. Housing: indoor? _____ outdoor? _____
(if indoor/outdoor, please estimate % in each)

D. Activity: <10 minutes/day; 10-30 minutes/day; 30-60 minutes/day; >60 minutes/day.

E. Owner: waking hours spent in home: 0-8 _____ 8-16 _____ 16-24 _____

V. Other pertinent information _____

(continue on back of sheet if necessary)

Nutrition Consult Request – Instructions

Please fill out this food intake record for your patient. The objectives of this form are to:

1. Identify pertinent nutrition-related issues in the animal, diet and feeding management.
2. Estimate the potential role of the patient's environment in the problem.
3. Determine if a diet or feeding change is necessary
4. Choose the most appropriate nutritional approach to the case.

Please write as legibly as possible. In addition to stating the reason for the consult, please be sure to let me know how to contact you to discuss the case.

I. Animal – Please list any problems that might affect the animal's nutritional needs, and evaluate the Body (BCS) and Muscle Condition Scores (MCS), reporting them on a 1-5 (BCS) and 1-3 (MCS scale). If the patient is in the hospital, I will try to look at it ASAP before the discharge date.

II. What does the pet eat? Please include all the food(s) that make up most of the diet. When getting the name of the diet, it is crucial to be exact. For example, different flavors of foods can have different nutrient contents. Be sure to include a sufficiently accurate name that if I went to the store to purchase it (we have done this in the past), I would not have any trouble deciding which brand, flavor, size, form, etc. to buy). If the client doesn't know, please ask them to call you from home when they have a container of the food in their hand that they can read from. Be sure to learn the amount fed in the units used (cups, cans; be sure to find out how big the "cup" or can is!), so it can be converted to grams of intake per day

III. Feeding – is food left out all the time (ad lib). If meals are fed, how many are fed each day, are all meals the same size? Be sure to ask what foods are added to the usual diet to "flavor" it, and if any foods are used to "hide" pills in for administration. For example, some dogs get 3 hot dogs per day to hide TID treatments that owners often don't think of as "food".

IV. Environment – Other animals and people can have important effects on the eating behavior of the patients that might be important.