

NUTRITION SERVICE

Diet, Activity & Household History Form

OWNER INFORMATION *(please PRINT)*

Primary Contact (First and Last Name): _____

Alternate Contact (First and Last Name): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number(s): _____

E-mail: _____

*(Appointments **REQUIRE** a valid e-mail; this is how you will receive the completed nutrition recommendation plan)*

By checking the boxes below, I acknowledge that the following items are **REQUIRED** by the nutrition service prior to appointment scheduling.

Baseline Labwork *(within last 6 months)*

- Chemistry Urinalysis

Please have this information submitted or schedule an appointment with your veterinarian(s) to have these tests performed if not completed within the last 6 months.

Nutrition Referral Form *(completed by your veterinarian)*

- We **CANNOT** provide consultation without a request from your veterinarian.
- This is the veterinarian who receives copies of our recommendations for your pet.

Diet, Activity & Household History Form *(this form, completed by the owner or referring veterinarian)*

- We **CANNOT** provide consultation without completion of this form.

Email all forms to referrals@vet.k-state.edu.

ALL appointments with the Nutrition Service start with a Nutrition Specialty Service Appointment (\$146.00)

If a written diet plan is recommended, select which option you think is most appropriate for your pet:

- | | |
|---|--|
| <input type="checkbox"/> Commercial Diet Plan | <input type="checkbox"/> Homemade Diet Plan (\$318 in addition to Nutrition Appointment Fee) |
| <input type="checkbox"/> Weight Loss Plan | <input type="checkbox"/> Unsure of what option is best for my pet |

*** All written diet plans will be finalized and provided within 10 business days of the Nutrition Consultation.***

PET INFORMATION (please PRINT)

Name: _____ Breed: _____

Species: Canine Feline Gender: Intact Female Spayed Female _____
 Intact Male Neutered Male

Age: _____ YEARS or MONTHS Date of Birth: ____/____/____ (Month/Day/Year)

Who feeds this pet? _____

On average, how many hours per day is the pet home alone? _____

Number of family members at home? Adults: _____ Children: _____

Other pets in the house? YES NO Number of additional pets and species: _____

Where is your pet fed? _____

Does your pet have access to other pet food? YES NO

If YES, please describe: _____

Is there competition for food between pets? YES NO

If YES, please describe: _____

Is your pet fed from the same bowl as other pets in the house? YES NO

If YES, please describe: _____

Does your pet ever gain access to the trash? YES NO

If YES, how often does your pet get into the trash? _____

Does your pet have access to the outdoors?

NO Fenced backyard Unfenced yard Leash walks Other: _____

Where does your pet spend most of its time? Indoors Outdoors Both Indoors & Outdoors

Is your pet: Very active Moderately active Not very active

Please describe the type or work or exercise (if any) your pet does on average per week. _____

Please describe any care not provided by the primary owner (e.g., day care, dog walker, boarding): _____

Has your pet experienced any undesired weight gain or weight loss? YES NO

If YES, please describe: _____

What is your pet's current weight? _____ POUNDS or KILOGRAMS

Date weight was assessed: ____/____/____ (Month/Day/Year)

Is your pet: Overweight Ideal weight Underweight

If over- or underweight, what is your pet's ideal weight? _____ POUNDS or KILOGRAMS

Current Medical Concerns (reasons for this consult): _____

Previous Medical History (please indicate whether or not these conditions have resolved): _____

Have you noticed any change in the amount your pet is drinking or urinating? YES NO

If YES, please describe: _____

Have you noticed any change in your pet's bowel movements? YES NO

If YES, please describe: _____

Does your pet currently have a good appetite? YES NO

If NO, please describe: _____

Has your pet's appetite recently changed? YES NO

If YES, please describe: _____

Is your pet vomiting? YES NO

If YES, please describe: _____

Do you use foods for medication administration? YES NO

If YES, please describe: _____

Current Flea/Tick/Heartworm Prevention (name and frequency of administration):

EXAMPLE: Bravecto (for 10 – 22 pound dogs): 1 chew every 12 weeks (last given 10/1/2016)

1. _____
2. _____
3. _____

Current Medications (name and dose per day):

EXAMPLE: Prednisone (5 mg tablets): 1 ½ tablets twice daily

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Current Supplements (name and dose per day):

EXAMPLE: Nutramax Dermaquin Plus for Dogs (1300 mg Omega-3 fatty acids, 680 mg EPA, 450 mg DHA per teaspoon):
1 teaspoon once daily

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

COMMERCIAL DIET HISTORY

Diet Type	Brand	Flavor	Amount Fed Per Meal	Times Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Dry	Purina Pro Plan	Sensitive Skin & Stomach Salmon & Rice	1 cup	Twice daily	Fed since May 2015	Still feeding
EXAMPLE: 5-oz wet tub	Wellness Trufood	Tasty Pairings with Chicken, Green Beans & Chicken Liver	½ tub	Four times per day	01/14–10/16	Associated with diarrhea

HOMEMADE DIET HISTORY

Diet/Ingredient Type	Preparation Method	Amount Fed Per Meal	Times Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Ground beef (80% lean, 20% fat)	Pan browned in 1 tablespoon olive oil	1 cup, cooked amount	Twice daily	January 2014 – October 2016	Still feeding
EXAMPLE: Green beans	Fed raw	½ cup, raw amount	Twice daily	January 2014 – October 2016	Associated with diarrhea

COMMERCIAL TREAT HISTORY

Treat Type	Brand	Flavor	Size	Number Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Biscuit	Old Mother Hubbard	Classic Liv'R'Crunch oven-baked dog biscuits	Mini	6	Fed since May 2015	Still feeding
EXAMPLE: Bone	Greenies	Freshmint Dental Chews	Teenie	1	01/14-10/16	Associated with diarrhea

HUMAN FOOD / HOME PREPARED TREAT HISTORY

Treat Type	Ingredient	Serving Size	Times Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Vegetable	Green beans	1/2 cup	2	Fed since May 2015	Did not eat them well
EXAMPLE: Homemade treat	1/2 cup rolled oats 1 tbsp applesauce 1 cup water	Each batch makes 20 treats; 1 - 2 treats fed per day	3	01/14-10/16	Still feeding

PLEASE COMPLETE THE FOLLOWING PAGES IF YOU ARE INTERESTED IN A HOMEMADE DIET FORMULATION.

HOMEMADE DIET QUESTIONNAIRE

Please select protein ingredients your pet has consumed in the past or is currently eating. Please also indicate if there are any ingredients you would prefer to use or avoid using in a homemade diet.

Ingredient	Consumed in the Past	Currently Eating	Prefer to Use	Prefer to Avoid	Additional Comments
Chicken					
Liver (specify type)					
Turkey					
Beef					
Pork					
Lamb					
Duck					
Rabbit					
Venison					
Kangaroo					
Ostrich					
Bison					
Cod					
Salmon					
Tilapia					
Tuna					
Other Fish (specify type)					
Crab					
Shrimp					
Chicken Egg					
Cheese (specify type)					
Cottage Cheese					
Soybean/Tofu					
Yogurt					
Peanut Butter					
Cream Cheese					
Chickpeas					
Pinto Beans					

Are there any protein sources not listed above that your pet has previously consumed?

Please select carbohydrate ingredients your pet has consumed in the past or is currently eating. Please also indicate if there are any ingredients you would prefer to use or avoid using in a homemade diet.

Ingredient	Consumed in the Past	Currently Eating	Prefer to Use	Prefer to Avoid	Additional Comments
White Rice					
Brown Rice					
Barley					
Oats (Oatmeal)					
Wheat (pasta, bread, etc.)					
Other Pasta (specify type)					
Couscous					
White Potato					
Sweet Potato					
Lentils					
Millet					
Quinoa					
Mung Beans					
Adzuki Beans					
Tapioca					
Sorghum					
Green Beans					
Carrots					
Corn/Polenta					
Spinach					
Green Peas					
Broccoli					
Cauliflower					
Zucchini					
Squash (specify type)					
Pumpkin					

Are there any carbohydrate sources not listed above that your pet has previously consumed?

Is there any food that your pet will not eat? If so, Why?

