

Clinical Nutrition Service

Phone: 306-966-7126

Website: <https://vmc.usask.ca/services/nutrition-small.php>

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NUTRITION CONSULT FORM

Date: _____ VMC Case Number (if applicable): _____

Client Name(s): _____

Preferred contact: _____

Pet's Name: _____ Age/DOB: _____

Dog Cat Breed: _____ Gender: Male Female Spayed/Neutered

Most recent body weight: _____ kg lb *Please see Body & Muscle Condition charts on the website

How would you describe your pet's body condition: ideal over-ideal under-ideal

How would you describe your pet's muscle condition: normal muscle loss (mild moderate severe)

Has your pet lost or gained weight recently? _____

If so, what can you tell us about it? _____

Where does your pet spend most of its time: indoors outdoors both indoors & outdoors

Does your pet have access to the outdoors? no (*indoor only*) fenced backyard leash walks only

public dog park unfenced yard/roams neighborhood acreage other _____

How active is your pet? lethargic not very active somewhat active active very active/working

Please describe your pet's activity or living environment and any recent changes:

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

Veterinarians & Clinics involved in your pet's treatment and care. Please include city/province:

Primary reason(s) for nutrition consultation:

Current medical conditions:

Past major medical conditions with time-frame, if/how they resolved, any known diagnosis or cause:

Current or recently discontinued medications:

Drug & Strength	Amount	Frequency	Started-Ended	Side-effects
<i>Example: Amoxicillin (50 mg)</i>	<i>1 & ½ tablets</i>	<i>twice daily (12 hrs)</i>	<i>10 days, Ended 11/15/20</i>	<i>diarrhea (stopped after 3 days)</i>

Does your pet have any of the following?

Please explain:

(how often, how much, since when, noted associations, etc.)

Concerns with hair-coat? Yes No _____

Dry or scaly skin? Yes No _____

Thin or easily damaged skin? Yes No _____

Problems with nails? Yes No _____

Allergies? Yes No _____

Difficulty chewing? Yes No _____

Difficulty swallowing? Yes No _____

Nausea? Yes No _____

Regurgitation? Yes No _____

Vomiting? Yes No _____

If yes: undigested food digested food fluid or foam hairballs grass other _____

Any associations with eating, noted triggers, or specific times of day? _____

Bathroom habits:

Changes in urination? Yes No _____

How many bowel movements does your pet **typically** have per day? _____

Noticed changes in pet's bowel movements? Yes No _____

Diarrhea or soft stool? Yes No _____

Constipation or difficulty? Yes No _____

Which fecal scores would apply to your pet? ***Please see the Fecal Scoring Chart on the website**