

Reason for Request: (please check one or more)

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## **Companion Animal Nutrition Consult Form**

Formulate home-cooked diet, because no commercial diet available to meet pet's needs
Formulate home-cooked diet because pet finds commercial diets unpalatable
☐ Need dietary plan for weight loss
Other, please specify:
Please Note: Consult fees may range from \$50 - \$100. The fee for a home-cooked diet formulation is \$290.00, which includes follow-up for three months. If formulating a homemade diet, your veterinarian must send us a referral letter and medical record information including pertinent diagnostic tests.
***************
Referring Veterinarian:  Address Phone: Email:
Owner: Address:
Phone Number: Fax:
Email:
Date:
Pet's Name: Age:
Breed: Sex (select from drop down): Click for choices
Current Weight: Body Condition Score (1-9)
Current Food (brand name):
How long has your pet been eating the current food?
Previous types and brands of food used:
Current food fed: Dry or Canned or Semi-moist (packets)
Quantity per day current food: (# of 8 oz. cups or size of can and amount)
Feeding Frequency: $\Box$ free choice or $\Box$ 1 meal or $\Box$ 2 meals or $\Box$ > 2 meals

Extras fed: Check box AND quantify a  Human food (specify types and						
☐ Table scraps (specify types amou	ınts):					
Treats: brand name(s) AND size	e and amount	per day:				
Access to neighborhood food sources? If Yes, specify:	Yes [	□ No (ie	. Compost p	ile, garbage	)	
Household Members: #Adults	#Children	#D	ogs	#Cats	Other	
Primary person in the family responsible	le for feeding	g pet?				
Do you give your pet any nutritional su	pplements?	List variety	y, amount ar	nd frequency	·.	
Please list all the medications your pet	is currently r	eceiving:				
Do you ever use food to administer med	dications? If	so, what k	inds of food	ls?		
Please list your pet's current and past medical problems:						
Check if the following problems have been experienced by your pet prior to today's visit:						
☐ Recent involuntary weight loss ☐ Anorexia - How long?	or gain	i □: How	many pound	ds? T	ime period	
Vomiting times/day	time	es/week				
☐ Diarrhea times/day	time	s/week				
Check if you have you observed any ch	anges in you	ır pet's:				
Appetite - Explain symptoms a	and time fran	ne:				
☐ Defecations - Explain sympton	ns and time f	rame:				
Does your pet have difficulty cl	hewing?	Swallo	wing?			
Does your pet have any allergie	es? If yes, ex	plain:				
Describe your pet's activity level (type,	duration, fro	equency):				

carbohydrate sources that are palatable and tolerated by your pet. **Protein:** \_ chicken white fish other: beef other: egg egg cottage cheese pork other: lamb tofu other: yogurt turkey Carbohydrate: rice, white potato, sweet quinoa rice, brown ☐ barley □ tapioca millet pasta other: potato, white oatmeal other: Please list any fruits or vegetables that your pet may find tolerable:

**Additional comments:** 

If looking for a home-cooked formulation, please provide us with some options of protein and