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Companion Animal Nutrition Consult Form

Reason for Request: (please check one or more)	
 ☐ 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 \$325.00, which includes follow-up for three months. If formulating a homemade diet, your veterinarian must send us a referral lett and medical record information including pertinent diagnostic tests.	ter

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:	

Extras fed: Check box AND quantify a Human food (specify types and							
☐ Table scraps (specify types amounts):							
Treats: brand name(s) AND size	e and amou	nt per da	y:				
Access to neighborhood food sources? If Yes, specify:	Yes	□ No	(ie. Compo	ost pile, garba	ge)		
Household Members: #Adults	#Children		#Dogs	#Cats	Other		
Primary person in the family responsible for feeding pet?							
Do you give your pet any nutritional su	pplements	? List va	riety, amou	nt and frequen	cy.		
Please list all the medications your pet	is currently	receivin	g:				
Do you ever use food to administer medications? If so, what kinds of foods?							
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?	s □ or ga	in 🗀: H	Iow many p	ounds?	Time period		
☐ Vomiting times/day	tin	nes/week	Ī				
☐ Diarrhea times/day	tin	nes/week					
Check if you have you observed any ch	anges in yo	our pet's					
Appetite - Explain symptoms a	and time fra	ıme:					
☐ Defecations - Explain sympton	ns and time	frame:					
Does your pet have difficulty cl	hewing?	Sw	allowing?				
Does your pet have any allergie	es? If yes, o	explain:					
Describe your pet's activity level (type,	, duration, f	frequenc	y):				

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