



Cornell University
College of Veterinary Medicine

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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 letter and medical record information including pertinent diagnostic tests.**

Referring Veterinarian:

Address
Phone:
Email:

Signature:

Owner:
Address:

Phone Number: Fax:

Email:

Date:

Pet's Name: Age:

Breed: Sex (circle one): Spayed Female Neutered Male Intact Female Intact Male

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: free choice *or* 1 meal *or* 2 meals *or* > 2 meals

Extras fed: Check box AND quantify amounts

- Human food (specify types and amounts):
- Table scraps (specify types amounts):
- Treats: brand name(s) AND size and amount per day:

Access to neighborhood food sources? Yes No (ie. Compost pile, garbage)

If Yes, specify:

Household Members: #Adults #Children #Dogs #Cats Other

Primary person in the family responsible for feeding pet?

Do you know how many kilocalories your pet is currently consuming per day?

Do you give your pet any nutritional supplements? List variety, amount and frequency.

Please list all the medications your pet is currently receiving:

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 or gain : How many pounds? Time period
- Anorexia - How long?
- Vomiting times/day times/week
- Diarrhea times/day times/week

Check if you have you observed any changes in your pet's:

- Appetite - Explain symptoms and time frame:
- Defecations - Explain symptoms and time frame:
- Does your pet have difficulty chewing? Swallowing?
- Does your pet have any allergies? If yes, explain:

Describe your pet's activity level (type, duration, frequency):

If looking for a home-cooked formulation, please provide us with some options of protein and carbohydrate sources that are palatable and tolerated by your pet.

Protein:

- | | | |
|----------------------------------|---|---------------------------------|
| <input type="checkbox"/> chicken | <input type="checkbox"/> white fish | <input type="checkbox"/> other: |
| <input type="checkbox"/> beef | <input type="checkbox"/> egg | <input type="checkbox"/> other: |
| <input type="checkbox"/> pork | <input type="checkbox"/> cottage cheese | <input type="checkbox"/> other: |
| <input type="checkbox"/> lamb | <input type="checkbox"/> tofu | <input type="checkbox"/> other: |
| <input type="checkbox"/> turkey | <input type="checkbox"/> yogurt | |

Carbohydrate:

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> rice, white | <input type="checkbox"/> potato, sweet | <input type="checkbox"/> quinoa |
| <input type="checkbox"/> rice, brown | <input type="checkbox"/> barley | <input type="checkbox"/> tapioca |
| <input type="checkbox"/> pasta | <input type="checkbox"/> millet | <input type="checkbox"/> other: |
| <input type="checkbox"/> potato, white | <input type="checkbox"/> oatmeal | <input type="checkbox"/> other: |

Please list any fruits or vegetables that your pet may find tolerable:

Additional comments: