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## Small Animal Nutrition Consultation Form:

### Owner Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

What dietary goals would you like reach with this nutrition consultation?

\_\_\_\_\_

\_\_\_\_\_

### Referring Veterinarian Information:

Name of Dr. and Practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Spayed  Castrated

Current Weight: \_\_\_\_\_ Ideal Weight: \_\_\_\_\_

Diet History:

Name of current diet (please be specific): \_\_\_\_\_

Type of diet (Canned, Dry, Semi-moist): \_\_\_\_\_

Amount fed each day: \_\_\_\_\_

Feeding frequency (how many meals is this amount broken into each day?)

\_\_\_\_\_

How long has this diet been fed? \_\_\_\_\_

What diets have been previously fed? \_\_\_\_\_

Why were these diets discontinued? \_\_\_\_\_

What treats are fed? \_\_\_\_\_

How many treats are fed each day and how often?

\_\_\_\_\_

What table foods are given: \_\_\_\_\_

How much each day and how often? \_\_\_\_\_

Who is responsible for feeding your pet? \_\_\_\_\_

Household Members:

Number of:

Adults? \_\_\_\_\_ Dogs? \_\_\_\_\_ Cats? \_\_\_\_\_ Other Animals? \_\_\_\_\_

Medical History:

Please list any medical problems your pet has had:

\_\_\_\_\_

\_\_\_\_\_

Please list any supplements your pet is on:

\_\_\_\_\_

\_\_\_\_\_

Please list any medications your pet is currently taking:

\_\_\_\_\_

\_\_\_\_\_

Do you use food to administer medications? Yes  No  If so, please specify:

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Please indicate if you pet has experienced any of the following:

Vomiting: How often? Please describe: \_\_\_\_\_

Diarrhea: How often? Please describe: \_\_\_\_\_

Involuntary Weight Gain  Involuntary Weight Loss:

Number of pounds? \_\_\_\_\_

Changes in appetite: Please describe: \_\_\_\_\_

Changes in defecation: Please describe: \_\_\_\_\_

If your pet has food allergies or needs a food trial to rule out food allergies please list all foods, treats and medications your pet has previously consumed:

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Please describe your pet's activity level (type, duration and frequency of exercise) or typical routine:

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Additional Comments?