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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:

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? _____

Are there any changes in appetite? If so, please describe:

Are there any changes in defecation? If so, 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:

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

Additional Comments?