|  |  |  |
| --- | --- | --- |
|  | Date: Enter Date |  |
| To be filled out by the owner or authorized agent of the owner. All questions contained in this questionnaire are strictly confidential and will become part of your pet’s medical record. |
| Owner Name *(list all owners and co-owners)*:Pet owner name(s) |
| Owner Email Contact: Enter email address |
| Pet Name**:** Patient Name | [ ]  **M** [ ] **F** [ ]  **Neutered**  | **DOB/Age:** Pet’s Date of Birth or Age |
| **Species:** Species | **Breed:** Breed | **Weight:** \_\_\_\_\_\_\_\_ Kg or Lb |
| Referring veterinarian name: Referral Vet | Primary care veterinarian name:Primary Care Vet***(if different than referring)*** |
| Clinic: Referral Vet Clinic | **Clinic:** Primary Care Vet Clinic |
| Address: Referral Vet Clinic Address | **Address:** Primary Care Vet Clinic Address |
| Phone: Referral Vet Clinic Phone | **Phone:** Primary Vet Clinic Phone |
| Fax: Referral Vet Clinic Fax | **Fax:** Primary Vet Clinic Fax |
| Email: Referral Vet Clinic Email | **Email:** Primary Vet Clinic Email |
|  |
| Medical HISTORY |
|  |
| Copies of the following tests are required prior to completion of ALL Dietary Treatment Plans. Results must be dated within 6 months of submission for healthy pets, or within 1 month of submission for pets with chronic medical conditions.*Submitted by referring clinic.* |
| [ ] Serum chemistry  | [ ] T4 | [ ] CBC  | [ ] Urinalysis with sediment evaluation  |
| **For pets with specific medical conditions please also include results the following diagnostic tests, if available.** These are required for completion of Dietary Treatment Plans for pets with chronic medical conditions. *Submitted by referring clinic.* |
| [ ] Abdominal ultrasound [ ] Fasted serum triglycerides | [ ] Spec PLI[ ] Pertinent biopsy results  | [ ] Urine culture [ ] Urinary stone analysis | [ ] Serum cobalamin (B12) and folate  |
|  |
| List any current or past medical problems. Indicate whether problem was treated or is currently being treated by a veterinarian and whether problem is resolved or not. *Attach additional pages or copies of medical record if needed.* |
| Current or past medical problems |
| Current or past medical problems |
| Current or past medical problems |
| Current or past medical problems |
| Surgeries |
| Year | Reason | Hospital |
| Yr | Reason | Hospital name |
| Yr | Reason | Hospital name |
| Yr | Reason | Hospital name |
| Other hospitalizations |
| Year | Reason | Hospital |
| Yr | Reason | Hospital name |
| Yr | Reason | Hospital name |
| Yr | Reason | Hospital name |

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| --- |
| List your pets prescribed drugs and all over-the-counter products, such as vitamins and nutritional supplements |
| Name of Drug/Supplement | Strength | Frequency Taken |
| Name | Dosage | Frequency |
| Name | Dosage | Frequency |
| Name | Dosage | Frequency |
| Name | Dosage | Frequency |
| Name | Dosage | Frequency |
| Name | Dosage | Frequency |
| Name | Dosage | Frequency |
| Name | Dosage | Frequency |
| Name | Dosage | Frequency |
| Name | Dosage | Frequency |
|  |
| HEALTH HABITS AND Home environment |
|  |
| How active is your pet? | [ ] Very Active  | [ ] Moderately Active  | [ ] Not Very Active |
| How would you describe your pet’s weight? | [ ] Underweight | [ ] Ideal Weight  | [ ] Overweight  |
| Any undesired weight changes? *Skip if no change.* | [ ] Gain or [ ] Loss | Amount of weight change: \_\_\_\_\_\_\_\_ Kg or Lb |
| Where does your pet spend most of the time? | [ ] Indoor  | [ ] Outdoor | [ ] Indoor and Outdoor |
| Does your pet have a good appetite? | [ ] Yes [ ] No |
| If no, please indicate specific change and how long change has been noticed.Please note any changes in appetite. |
| Have you noticed any change in your pet’s urination habits? | [ ] Yes [ ] No |
| If yes, please indicate specific change and how long change has been noticed.Please note any change in urination habits. |
| Have you noticed any change in your pet’s defecation habits? | [ ] Yes [ ] No  |
| If yes, please indicate specific change and how long change has been noticed.Please notes any change in defecation habits. |
| Do you have other pets? | [ ] Yes [ ] No |
| If yes, please list other pets in household.Other pets inhousehold? |

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| Diet history |
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| **Please list ALL foods currently being offered to your pet.** Include main meals, training treats, and snacks being given by all members of the household. Indicate brand, type, amount, frequency and how long the food has been offered. For home-prepared food, please indicate weight of food (grams or ounces). |
| **Food Type** | **Amount** | **Frequency** | **Fed Since** |
| *Example: Purina Pro Plan Adult Chicken dry dog food**Example: low fat cottage cheese* *Example: medium Milk-Bone dog biscuits* | *1.5 cups**2 teaspoons (28 grams)**3* | *Twice a day* *Twice a day* *Three times a day for training* | *Since May 2013 or 1 year of age* *Since November 2013 or 1.5 years of age* *Since November 2012 or 6 months of age* |
| Food Type | Food Amount | Food Frequency | Enter date range/duration |
| Food Type | Food Amount | Food Frequency | Enter date range/duration |
| Food Type | Food Amount | Food Frequency | Enter date range/duration |
| Food Type | Food Amount | Food Frequency | Enter date range/duration |
| Food Type | Food Amount | Food Frequency | Enter date range/duration |
| Food Type | Food Amount | Food Frequency | Enter date range/duration |
| Food Type | Food Amount | Food Frequency | Enter date range/duration |
| Food Type | Food Amount | Food Frequency | Enter date range/duration |
| **How are the main meals listed above measured?** | How is the food measured?  |  |  |  |
| If measured, what size scoop or cup is used? Enter size of scoop/cup |
| **Is your pet fed in the presence of other animals?** | [ ] Yes [ ] No |
| If yes, please explain.Other animals present? |
| **Who typically feeds your pet?** | Who typically feeds? |
| **Is the food left out or taken away after meals?** | [ ] Left out [ ] Taken away |
| **How is the food stored?** | [ ] Original packaging [ ] Not in original packaging (*e.g.,* emptied into bulk storage container) |
| **Where is any unopened food stored?** | [ ] Indoor/refrigerated (temperature controlled environment) [ ] Garage or outdoor storage room |
| **Access to other foods?**Such as treats fed by neighbor, food dropped by kids in household, foodleft for outdoor cats, *etc*. | [ ] Yes [ ] No |
| If yes, please explain.Access to other foods? |
| **Please list ALL foods that have been offered to your pet in the past.** Indicate when these foods were offered and duration of time they were fed. |
| *Example: Purina Pro Plan Large Breed Puppy (10 weeks of age until 6 months old; July-November 2012)*All previous foods offered. |

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| Ingredient selection |
|  |
| **Please select preferred protein and carbohydrate ingredients.** **This section MUST be completed if a Home-Prepared Diet Formulation is requested or required.** * Please note: You can select more than one ingredient in each column, but diet formulations typically include only one primary protein and one primary carbohydrate ingredient.
* For healthy pet diet formulations every effort will be made to accommodate at least one alternate protein and carbohydrate to allow for substitution and variation in the recipe.
* If a diet formulation is required to manage a chronic medical condition, substitutions of ingredient may not be possible and diet formulation will include only one protein and one carbohydrate ingredient.
 |
| **Protein** | **Carbohydrate** |
| [ ] Chicken  | [ ] Long-Grain White Rice |
| [ ] Pork | [ ] Long-Grain Brown Rice |
| [ ] Beef | [ ] Sweet Potato/Yam |
| [ ] Turkey | [ ] White Potato (any variety) |
| [ ] Lamb, loin | [ ] Pearled Barley |
| [ ] Egg, chicken | [ ] Green Peas (feline diets) |
| [ ] Cottage Cheese, 1-2% milkfat | [ ] Rolled Oats, standard or quick-cooking oats |
| [ ] Tofu | [ ] Pasta (semolina macaroni) |
| [ ] Crab, canned | [ ] Plain Polenta (ground corn meal) |
| [ ] Tuna, chunk light, canned | [ ] Quinoa |
| [ ] Salmon | [ ] Other carbohydrate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Tilapia |  |
| [ ] Other protein:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

End of questionnaire.

**Please return this completed form by email or fax**

 **before your appointment with Dr. Weeth.**

**Your pet’s Dietary Treatment Plan**

**cannot be completed without the**

**information in this questionnaire.**

**Weeth Nutrition Services**

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