|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | 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 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | | |
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| 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? | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Diet history | | | | | | |
|  | | | | | | |
| **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 |
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| 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, food  left 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. | | | | | | |

|  |  |
| --- | --- |
| 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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