

Veterinary Nutrition Care

Helping people give pets their best.
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Hospitalized Patient Nutrition Request

Veterinarian information

First name*		Last name*	
Practice*			
Address 1*		Address 2	
City*		State*	Zip*
Phone 1*		Phone 2	Fax
Email			
How do you prefer to receive the completed nutrition plan?*			
<input type="checkbox"/> Email <input type="checkbox"/> Fax			
How does your practice prefer to receive an invoice?*			
<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail			

Client information

First name*		Last name*	
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Patient information

Name*			
Signalment			
Age*		Sex*	Breed*
Weight status			
Current weight*		Body condition score*	/9
Muscle wasting*	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Localized only		
Hydration status			
Current hydration	<input type="checkbox"/> Euhydrated <input type="checkbox"/> Dehydrated <input type="checkbox"/> Over-hydrated		
If dehydrated, estimated percentage			
If over-hydrated, estimated euhydrated body weight			
Problem list			
	Status	<input type="checkbox"/> Active <input type="checkbox"/> Resolved	
	Status	<input type="checkbox"/> Active <input type="checkbox"/> Resolved	
	Status	<input type="checkbox"/> Active <input type="checkbox"/> Resolved	
	Status	<input type="checkbox"/> Active <input type="checkbox"/> Resolved	
	Status	<input type="checkbox"/> Active <input type="checkbox"/> Resolved	
	Status	<input type="checkbox"/> Active <input type="checkbox"/> Resolved	
	Status	<input type="checkbox"/> Active <input type="checkbox"/> Resolved	
	Status	<input type="checkbox"/> Active <input type="checkbox"/> Resolved	
Intake status			
Duration (days) of anorexia		hyporexia	
Current intake status	<input type="checkbox"/> NPO <input type="checkbox"/> Refusing <input type="checkbox"/> Eating		Able to drink voluntarily?
If eating voluntarily, what?		How much?	

Nutrition needs

Type of nutrition plan needed	<input type="checkbox"/> Oral <input type="checkbox"/> NE/NG <input type="checkbox"/> Esophagostomy <input type="checkbox"/> Gastrostomy <input type="checkbox"/> Jejunostomy
	<input type="checkbox"/> Parenteral (central) <input type="checkbox"/> Parenteral (peripheral) <input type="checkbox"/> Not sure

Please complete the Hospitalized Patient Nutrition Request and email or fax to Veterinary Nutrition Care with your patient's **relevant medical records**. Within 2 business hours of receiving your Request, Veterinary Nutrition Care will contact you to make a plan for your patient's nutritional care.