

Dunckel Veterinary Hospital Intake Form for Nutrition Consultations

Thank you for taking the time to fill out this form. Please answer all questions as completely as you can.

Pet's name: _____

Pet's age: _____

Species: _____

Breed: _____

Weight: _____

Unaltered Male, Unaltered Female, Spayed Female, Neutered Male (circle one)

Owner's name: _____

Today's date: _____

Nutrition plays an important role in your pet's health, and providing the following information is vital in helping us understand your pet's unique needs as well as your perspectives.

In order for us to make the best recommendations for your pet, the following items are requested. For sick pets, more recent lab results may be needed. Please call us at 810-653-3988 if you have any questions.

- Intake form for nutrition consultations
- Medical records from primary care veterinarian
- Complete blood count, biochemistry profile and urinalysis from within the past year
- Additional relevant test results (urine culture, T4, ultrasound reports, etc.)

What are your reasons and goals for a nutrition consultation?

Please answer the following questions about your pet: (Check Boxes)

1) Is your pet housed:

- indoors
- outdoors

2) Please describe your pet's activity level:

- No Activity (sick, injured, or geriatric dog)

- low (indoor only)
 - Some activity (leashed walks for less than 1 hour)
 - moderate (outdoor time and activity more than 1 hour per day)
 - Active (regular daily exercise and fun, action packed weekends)
 - Highly Active (runs, hikes, swims, plays hard daily)
- 3) How many other pets are in the household?
- Dogs: _____
 - cats: _____
- 4) Do any pets have access to other pets' food?
- Yes
 - no
- 5) How many other people live in your household: _____
- 6) Who feeds your pet? _____
- 7) How many times per day do you feed your pet?
- Once
 - Twice
 - 3 times
 - More than 3 times
 - Food is out all the time
- 8) Does your pet finish all food that is offered?
- Yes
 - No
- 9) Does your pet have any of the following?
- Difficulty chewing
 - Difficulty swallowing
 - Involuntary weight loss
 - Nausea
 - Vomiting
 - Diarrhea
 - Allergies (include food)
 - My pet does not have any of the above

If you checked any boxes above, please explain.

- 10) Have you observed any changes in:
- Urination
 - Defecation
 - Appetite
 - Activity level

If you checked any boxes above, please explain.

11) As you pet, hold and cuddle your dog, and observe your dog's behavior, which of the following best describe your dog? Please check all that apply.

- Skin is hot to the touch
- Dog pants often
- Has excessively dry skin
- Tends to lay in sun
- Tends to lay in shade
- Slow, lazy, or "down" demeanor

12) Current diets: Please list the product names, flavors and amounts of all foods, treats, chews, and anything else your pet is currently eating. Include enough detail so that we could go to the store and purchase the exact same food. Include "people foods" given as treats or as part of a homemade diet.

Food Brand	Type (dry, can, raw, freeze dried, treats)	Amount per meal per	Fed how often?	What do you use to measure?	Fed Since?
Ex: Purina Dog Chow	dry	1.5 cups	2x/day	Coffee cup	May 2015
Ex: Boneless, skinless chicken breast blended	-	3 ounces	3x/week	measuring cup	July 2014
Ex: Greenies Dental treats, tuna flavor	treat	2	3/day		August 2017

13) **Supplements:** If your pet is taking any supplements, please list all products, including vitamins, joint supplements, fatty acids, herbal products, etc. Include brands, amounts, and frequency given.

14) **Medications:** If your pet is taking any medications, please list all drugs, dosages, and frequency given.

15) **Food with medications:** If you use food to give medications to your pet (for example, Pill Pockets, cheese, peanut butter, etc.), please list all foods, amounts, and frequency given.

16) **Recent diet changes:** If your pet's diet has changed in the past 4 weeks, what changes were made and why?

17) **Past diets:** Please list all other diets you are not feeding now but have fed to your pet in the past. Include when and why you stopped feeding each product.










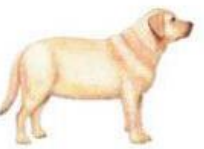
18) Are you requesting a home-cooked diet recipe for your pet?

- Yes
- No

19) You can tell a lot about your dog by checking their tongue. Use the guide to help you choose which best describes your dog.

-  Pale Pink/Almost Light Purple
-  Light Pink
-  Bright pink
-  Red

Circle the number that most closely matches your pet' s shape/weight.

1	3	5	7	9
<p>VERY THIN <5% body fat</p> <p>Ribs easily felt with no fat cover</p>	<p>UNDERWEIGHT 5-15% body fat</p> <p>Bones raised with minimal tissue between the skin and bone</p>	<p>IDEAL BODY WEIGHT 16-25% body fat</p> <p>Ribs can be felt through slight fat cover</p>	<p>OVERWEIGHT 26-35% body fat</p> <p>Difficult to feel ribs through moderate fat cover.</p>	<p>OBESE >35% body fat</p> <p>Ribs are difficult to feel under thick fat.</p>
				
				



I agree to photos of my pet being taken and potentially shared on Dunckel related social media and websites.

- Yes
- No

STATEMENT OF OWNERSHIP AND CONSENT: I am the owner and/or agent of the above animal and have the authorization to consent to treatment if and when it is needed. By signing this agreement, I authorize Dunckel Veterinary Hospital staff to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Name (Printed): _____

Signature: _____

Date: _____