

**OWNER INFORMATION**

Today's Date: _____

Primary Contact (First and Last Name) and Phone Number: _____

Alternate Contact (First and Last Name) and Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Email*: _____

required to receive recommendations

How did you hear about us? _____

I have read and understand the Frequently Asked Questions (FAQ) for the TAMU Veterinary Nutrition Service

(select one): _____ YES _____ NO

I understand that individual results from diet recommendations may vary. It's important to recheck with the TAMU Veterinary Nutrition Service if the diet is not providing the desired outcome, prior to making any self-modifications. If there is a major concern or decline in your pet, follow up with your primary veterinarian first and then have updated medical records emailed to our service for review prior to your recheck with the TAMU Veterinary Nutrition Service (select one): _____ YES _____ NO

I understand in order to maintain an "active" patient status, I must schedule at least one recheck appointment within the year. If I do not meet this requirement, my pets' status will change to "inactive", and I will need to schedule a new appointment to reestablish my pets' "active" status. (select one): _____ YES _____ NO

I understand and agree that if a homemade diet is recommended and provided for my pet that I am required to schedule a recheck appointment 4-6 weeks after receiving the diet recommendations. I understand there is a recheck fee of at least \$75. YES NO

The following items are **REQUIRED** prior to scheduling your pet's appointment with the TAMU Nutrition Service.

1. Nutrition Referral Form (completed by the veterinarian)
2. Veterinary Diet History Form (completed by the owner)
3. Telemedicine Consent Form (completed by the owner)
3. Baseline Labwork (complete blood count (CBC), chemistry and urinalysis, within the last 6 months)

COMPANION ANIMAL INFORMATION

Name: _____

Breed: _____ If mixed breed, most likely dominant breed: _____

Species: _____ Gender (select one): ~~Intact Female / Intact Male / Spayed Female / Neutered Male~~

Age: _____ years _____ months

Is your pet healthy: YES NO

If no, your pet is NOT healthy, please list the diseases your pet has been diagnosed with and/or conditions you are concerned about: _____

How long have you had your pet? _____

Are there other pets in the house? YES NO Number of additional pets: _____

Species of additional pets: _____

Are there other toddlers or small children in the house? YES NO

Do you think your pet is (select one): Underweight Ideal Overweight Obese

Has your pet recently unintentionally lost weight: YES NO

Has your pet recently unintentionally gained weight: YES NO

If yes, please describe:

If yes, please describe:

Where does your pet spend most of its time (select one)?	Indoors	Outdoors	Both Indoor and Outdoor

If yes, please describe:

If yes, please explain:

If you are having difficulty getting your pet to eat, what have you tried to entice them (Example: warming food, mixing in canned, adding human foods):

☐ Always have to coax to eat or refuses food
☐ Often have to coax to eat
☐ Sometimes have to coax to eat
☐ Never have to coax to eat
☐ Never coax as dog always eats with enthusiasm

- _____ Avoids or hides when food bowl is filled
- _____ Little interest in mealtime
- _____ Comes to eat when called
- _____ Anticipates mealtime
- _____ Runs to food bowl

____ Never seeks food, never begs
____ Rarely seeks or begs for food

- ☐ Sometimes seeks or begs for food when sees, smells, or hears food
☐ Always seeks food when sees, smells or hears food
☐ Actively seeks food even when your pet does not see, smell, or hear food

When food is placed in front of pet (select one):

- ☐ Avoids or refuses food
☐ Slow to eat food
☐ Eats food offered in reasonable time
☐ Eats food offered quickly
☐ Eats food offered rapidly, with enthusiasm

Your pet (select one):

- ☐ Eats no food without being force fed
☐ Eats half or less of food offered
☐ Eats most food offered
☐ Eats all food offered
☐ Eats all food offered and begs for more

LIVER STATUS: *(please only complete this section if your pet has been diagnosed with an abnormal liver condition)*

Does your pet seem depressed: YES NO

Does your pet appear disoriented after eating: YES NO

Does your pet gaze into space: YES NO

Have you seen your pet circling or head pressing: YES NO

Has your pet had a seizure before: YES NO

If yes, how many seizures has your pet had in the last 6 weeks: _____

Does your pet appear to have an enlarged abdomen (from fluid build up): YES NO

DIABETIC STATUS *(please only complete this section if your pet has been diagnosed with diabetes)*

When was your pet's last blood glucose curve (date): _____

How many units of insulin per injection was your pet receiving at this time: _____

What insulin was your pet receiving at this time: _____

Complete the chart below identifying the diet your pet was consuming at the time of this blood glucose curve:

Brand	Flavor	Diet Type	Amount Fed Per Meal	Times Fed Per Day
EXAMPLE: Purina ONE	SmartBlend Lamb & Rice	Dry	1 cup/meal	Twice a day

How long was the pet on this diet prior to performing the blood glucose curve: _____

What are your typical insulin injection times: _____

What are your typical meal feeding times: _____

Has your pet experienced any appetite changes: YES NO

If yes, please describe: _____

Have you noticed any changes in your pets' activity: YES NO

If yes, what has changed: _____

Have you noticed increased thirst: YES NO

Have you noticed increased urination: YES NO

Has your pet recently unintentionally lost weight: YES NO UNSURE

GASTROINTESTINAL STATUS

How would you describe your pet's fecal volume (select one): ☐ Normal to decreased
☐ Increased

Have you noticed blood in your pet's stool (select one): ☐ No
☐ Yes, dark or black, tarry-looking
☐ Yes, bright red, fresh-looking

Have you noticed any mucus in your pet's stool (select one): ☐ No or rarely
☐ Yes, frequently

Have you noticed your pet straining to defecate: YES NO

What is the urgency at which your pet needs to defecate (select one): ☐ Normal to slightly increased
☐ Markedly increased (ie cannot wait, has accidents in house)

What is the frequency at which your pet needs to defecate (select one): ☐ Normal to increased
☐ Markedly increased

If your pet experiencing flatulence (gas) or belching: YES NO

Do you hear borborygmi or growling, rumbling, gurgling sounds made by the stomach and intestines: YES NO

FECAL SCORE

Has your pet recently had diarrhea (unformed or loose stools, usually occurring in larger amounts and/or more often than usual):

YES NO

If yes, how many times per day: _____

If yes, how soon after eating does your pet need to pass a bowel movement: _____

If yes, how long (days to months) has your pet had diarrhea? _____

Have you modified anything that made the diarrhea improve (example, fiber, metronidazole, behavior modification): YES NO
If yes, what have you modified:

Have you modified anything that made the diarrhea worsen (example, fiber, metronidazole, behavior modification): YES NO
If yes, what have you modified:

What score would describe your pet's bowel movement recently (PC: Purina ProPlan Veterinary Diets):

☐

1



- Very hard and dry
- Often expelled as individual pellets
- Requires much effort to expel from body
- Leaves no residue on ground when picked up

☐

2



- Firm, but not hard, pliable
- Segmented in appearance
- Little or no residue on ground when picked up

☐

3



- Log shaped, moist surface
- Little or no visible segmentation
- Leaves residue on ground, but holds form when picked up

☐

4



- Very moist and soggy
- Log shaped
- Leaves residue on ground and loses form when picked up

☐

5



- Very moist but has a distinct shape
- Present in piles rather than logs
- Leaves residue on ground and loses form when picked up

☐

6



- Has texture, but no defined shape
- Present as piles or spots
- Leaves residue on ground when picked up

☐

7



- Watery
- No texture
- Present in flat puddles

QUALITY OF LIFE SCALE

How do you evaluate the general quality of life of your dog

VERY POOR

1

2

3

4

VERY GOOD

5

How do you evaluate the health state of your dog

SEVERELY ILL

1

2

3

4

DOES NOT SEEM ILL

5

How do you evaluate the level of activity of your dog

(Example: motivation, curiosity, display of normal behavior)

APATHETIC/LETHARGIC

1

2

3

4

ACTIVE

5

How do you evaluate the interaction of your dog with you or your family

DETERIORATED

1

2

3

4

VERY GOOD

5

CANINE COGNITIVE ASSESSMENT SCALE

Please indicate how often your dog shows each of the following behaviors:

Question	Never	once per month	once a week	almost everyday
Stares intently where there is nothing visible				
Does not remember its way back home				
Gets stuck behind objects or furniture				
Stays on the wrong side of the door				
Does not respond to certain stimuli to which it used to respond (for example, doorbell)				
Does not give any signal when it wants to go out				
Walks during the night (without an obvious reason), when it did not used to do this				
Vocalizes (barks, whines) during the night (without an obvious reason), when it did not use to do this				
Does not recognize familiar people				
Does not recognize familiar animals				
Shows more signs of fear or aggression towards people and/or other dogs than it used to				
Urines and/or defecates in new (inappropriate) places (when it did not use to do it)				
Finds it difficult to respond to previously learned commands				
Is less active or playful than it used to be				
Shows repetitive behaviors (chases own tail, snaps at "invisible" flies, etc)				
Walks without obvious purpose				
Shows more signs of anxiety when separated from its owners than before (main signs of anxiety are shaking, shivering or trembling, excessive salivation, restlessness/agitation/pacing, whining, loss of appetite)				

CURRENT FLEA/TICK/HEARTWORM PREVENTION

EXAMPLE: Simparica Trio (dogs 44.1 – 88 lbs.): 1 chew monthly (last given 9.1.2014)

1. _____
2. _____
3. _____
4. _____

CURRENT MEDICATIONS

Example: Prednisone (5mg tablets): 1 tablet, orally, twice daily

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

CURRENT SUPPLEMENTS

Example: Nordic Naturals Omega-3 Pet Soft Gels: 2 soft gels, orally, daily
Kan Herbs Essential Harmonizing the Stomach: 3 drops, orally, per day

1.

2.

3.

4.

5.

6.

Do you use anything to assist with medication or supplement administration (Example: cheese, Pill Pocket, hot dog):

COMMERCIAL DIET HISTORY

Brand	Flavor	Diet Type	Amount Fed Per Meal	Times Fed Per Day	Dates Fed	Reason for changing diets
EXAMPLE: Purina ONE	SmartBlend Lamb & Rice	Dry	1 cup/meal	Twice a day	Aug. 1, 2024 - September 1, 2024	Still feeding

HOMEMADE DIET HISTORY (Please outline the recipe that you follow to prepare the homemade diet)

Ingredient	Preparation Method	Amount Fed Per Meal	Times Fed Per Day	Dates Fed	Reason for changing diets
EXAMPLE: Ground Beef 90/10	Pan-browned, kept drippings	½ cup ,cooked	Three times	Aug. 1, 2024 – September 1, 2024	Started vomiting

You use an 8-ounce measuring cup when feeding your pet: YES NO
If no, what size “cup” are you using:

COMMERCIAL TREAT HISTORY

Brand	Flavor	Size	Number fed per day	Dates Fed	Reason for stopping the treat
EXAMPLE: Milk-Bone	Soft & Chewy Beef & Filet Mignon Recipe	One size	4	Aug. 1, 2024 - September 1, 2024	Still feeding

HUMAN FOOD / HOMEMADE TREAT HISTORY

Ingredient	Serving Size	Times Fed Per Day	Dates Fed	Reason for stopping the treat
EXAMPLE: Sweet potato, baked	¼ cup	1	Aug. 1, 2024 - September 1, 2024	Did not like mixed with food

Please answer the below questions to the best of your ability by checking the most correct answer for your pet's **current** clinical condition.

How would you rate your pet's appetite?

normal

slightly decreased

moderately decreased

severely decreased

How would you rate your pet's attitude/activity?

normal

slightly decreased

moderately decreased

severely decreased

How often does your pet vomit?

never

mild (1x weekly)

moderate (2-3x weekly)

severely (>3x weekly)

How would you describe the consistency of your pet's stool?

normal

slightly soft

very soft feces

watery diarrhea

How would you describe the frequency of your pet's stool?

normal

slight increased (2-3x daily), or fecal blood, mucus, or both

moderately increased (4-5x daily)

severely increased (>5x daily)

Has your pet experienced any UNINTENTIONAL weight loss?

none

mild (<5%)

moderate (5-10%)

severe (>10%)

Does your pet itch?

never


occasional episode

regular episodes but stops when asleep

wakes up because of itching

Supplementary material:

Please follow this link: https://tamu.qualtrics.com/jfe/form/SV_3UyOi6yMKL4H930

OR this QR CODE  to review and submit requested items for appointment with the nutrition service.

*****PLEASE NOTE** The supplementary material is primarily asking for image or document uploads, please have all the images available for upload prior to clicking on the link or QR code as you will NOT be able to save and return to the upload process.***

Items requested (all of these items may not apply to your pet, they are supportive but not required):

- | | |
|--------------------------------------------------------------|------------------------------|
| -Body Condition Score (BCS) Photos - see example HERE | -Photos of supplement labels |
| -Recent bowel movement (within last 24 hours) | -Photos of treat labels |
| -Pet food diary | -Body weight log |
| -Diabetic glucose curve | |

What are your goals in working with the TAMU Nutrition Service:

In efforts to make sure our TAMU veterinary nutrition team is capturing your pet's needs and preferences, are there any specific items/ brands/supplements/ingredients you prefer to avoid or would like to use? If so, could you share the reasons behind those preferences? Understanding these specifics helps ensure the best care for your pet and aligns our team with your values:

Do you have any specific question(s) for our team outside of what is best to feed your pet: