

## UTCVM NUTRITION SERVICE

# Diet, Activity & Household History Form

**OWNER INFORMATION** (please PRINT)

Primary Contact (First and Last Name): \_\_\_\_\_

Alternate Contact (First and Last Name): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

(Consults REQUIRE a valid e-mail; this is how you will receive the completed nutrition consult)**By checking the boxes below, I acknowledge that the following items are REQUIRED by the nutrition service and that my pet's appointment will be canceled if any of these items are not received.** Baseline Labwork (*within last 6 months*) Chemistry       Urinalysis

Please have this information submitted or schedule an appointment with your veterinarian(s) to have these tests performed if not completed within the last 6 months.

 Nutrition Referral Form (*completed by your veterinarian*)

- We **CANNOT** provide consultation without a request from your veterinarian.
- This is the veterinarian who receives copies of our recommendations for your pet.

 Diet, Activity & Household History Form (*this form, completed by the owner*)

- We **CANNOT** provide consultation without completion of this form, including the Remote Consultation Form on page 9.

Please feel free to contact your veterinarian(s) to confirm the correct labwork and referral form have been sent. It is the owner's responsibility to ensure we receive all required documentation. We reserve the right to cancel any scheduled appointments if required items are not received.

**Email all forms to [vetclientservices@utk.edu](mailto:vetclientservices@utk.edu).****ALL appointments with the nutrition service start with a Nutrition Consultation (\$170.00)**To reach the nutrition service directly please email [UTVNS@utk.edu](mailto:UTVNS@utk.edu).**If a written diet plan is recommended, select which option you think is most appropriate for your pet:**

- |   |   |
|---|---|
| <input type="checkbox"/> Commercial Diet Plan (\$127) | <input type="checkbox"/> Homemade Diet Plan (\$318 and up)        |
| <input type="checkbox"/> Weight Loss Plan             | <input type="checkbox"/> Unsure of what option is best for my pet |

\*\*\* All written diet plans will be released within 10 business days of the Nutrition Consultation.\*\*\*

**How did you hear about us?**

- |  |  |
|--|--|
| <input type="checkbox"/> My primary or specialty care veterinarian | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Friend/family member                      | <input type="checkbox"/> Other: _____    |

**PET INFORMATION** (please PRINT)

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Species:  Canine  Feline      Gender:  Intact Female  Spayed Female \_\_\_\_\_  
 Intact Male  Neutered MaleAge: \_\_\_\_\_  YEARS or  MONTHS      Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

Who feeds this pet? \_\_\_\_\_

On average, how many hours per day is the pet home alone? \_\_\_\_\_

Number of family members at home? Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Other pets in the house?  YES  NO      Number of additional pets and species: \_\_\_\_\_

Where is your pet fed? \_\_\_\_\_

Does your pet have access to other pet food?  YES  NOIf YES, please describe: \_\_\_\_\_  
\_\_\_\_\_Is there competition for food between pets?  YES  NOIf YES, please describe: \_\_\_\_\_  
\_\_\_\_\_Is your pet fed from the same bowl as other pets in the house?  YES  NOIf YES, please describe: \_\_\_\_\_  
\_\_\_\_\_Does your pet ever gain access to the trash?  YES  NO

If YES, how often does your pet get into the trash? \_\_\_\_\_

Does your pet have access to the outdoors?

 NO  Fenced backyard  Unfenced yard  Leash walks  Other: \_\_\_\_\_Where does your pet spend most of its time?  Indoors  Outdoors  Both Indoors & OutdoorsIs your pet:  Very active  Moderately active  Not very activePlease describe the type or work or exercise (if any) your pet does on average per week. \_\_\_\_\_  
\_\_\_\_\_Please describe any care not provided by the primary owner (e.g., day care, dog walker, boarding): \_\_\_\_\_  
\_\_\_\_\_Has your pet experienced any undesired weight gain or weight loss?  YES  NOIf YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

What is your pet's current weight? \_\_\_\_\_  POUNDS or  KILOGRAMS

Date weight was assessed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)

Is your pet:  Overweight  Ideal weight  Underweight

If over- or underweight, what is your pet's ideal weight? \_\_\_\_\_  POUNDS or  KILOGRAMS

Current Medical Concerns (*reasons for this consult*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Medical History (*please indicate whether or not these conditions have resolved*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you noticed any change in the amount your pet is drinking or urinating?  YES  NO

If YES, please describe:  
\_\_\_\_\_

Have you noticed any change in your pet's bowel movements?  YES  NO

If YES, please describe:  
\_\_\_\_\_

Does your pet currently have a good appetite?  YES  NO

If NO, please describe:  
\_\_\_\_\_

Has your pet's appetite recently changed?  YES  NO

If YES, please describe:  
\_\_\_\_\_

Is your pet vomiting?  YES  NO

If YES, please describe:  
\_\_\_\_\_

Do you use foods for medication administration?  YES  NO

If YES, please describe:  
\_\_\_\_\_

**Current Flea/Tick/Heartworm Prevention (name and frequency of administration):**

EXAMPLE: Bravecto (for 10 – 22 pound dogs): 1 chew every 12 weeks (last given 10/1/2016)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Current Medications (name and dose per day):**

EXAMPLE: Prednisone (5 mg tablets): 1 ½ tablets twice daily

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Current Supplements (name and dose per day):**

EXAMPLE: Nutramax Dermaquin Plus for Dogs (1300 mg Omega-3 fatty acids, 680 mg EPA, 450 mg DHA per teaspoon):  
1 teaspoon once daily

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## **COMMERCIAL DIET HISTORY**

## **HOMEMADE DIET HISTORY**

## **COMMERCIAL TREAT HISTORY**

## HUMAN FOOD / HOME PREPARED TREAT HISTORY

PLEASE COMPLETE THE FOLLOWING PAGES IF YOU ARE INTERESTED IN A HOMEMADE DIET FORMULATION.

## HOMEMADE DIET QUESTIONNAIRE

Please select protein ingredients your pet has consumed in the past or is currently eating. Please also indicate if there are any ingredients you would prefer to use or avoid using in a homemade diet.

Ingredient	Consumed in the Past	Currently Eating	Prefer to Use	Prefer to Avoid		Additional Comments
Chicken						
Liver (specify type)						
Turkey						
Beef						
Pork						
Lamb						
Duck						
Rabbit						
Venison						
Kangaroo						
Ostrich						
Bison						
Cod						
Salmon						
Tilapia						
Tuna						
Other Fish (specify type)						
Crab						
Shrimp						
Chicken Egg						
Cheese (specify type)						
Cottage Cheese						
Soybean/Tofu						
Yogurt						
Peanut Butter						
Cream Cheese						
Chickpeas						
Pinto Beans						

Are there any protein sources not listed above that your pet has previously consumed?

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Please select carbohydrate ingredients your pet has consumed in the past or is currently eating. Please also indicate if there are any ingredients you would prefer to use or avoid using in a homemade diet.

Ingredient	Consumed in the Past	Currently Eating	Prefer to Use	Prefer to Avoid		Additional Comments
White Rice						
Brown Rice						
Barley						
Oats (Oatmeal)						
Wheat (pasta, bread, etc.)						
Other Pasta (specify type)						
Couscous						
White Potato						
Sweet Potato						
Lentils						
Millet						
Quinoa						
Mung Beans						
Adzuki Beans						
Tapioca						
Sorghum						
Green Beans						
Carrots						
Corn/Polenta						
Spinach						
Green Peas						
Broccoli						
Cauliflower						
Zucchini						
Squash (specify type)						
Pumpkin						

Are there any carbohydrate sources not listed above that your pet has previously consumed?

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Is there any food that your pet will not eat? If so, Why?

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Medical Record #:

Animal's Name:

Owner:

Species:

Age: Sex:

Phone:

Email:

## UTCVM VETERINARY MEDICAL CENTER

### REMOTE CONSULTATION TREATMENT CONDITIONS

VMR237\_RemoteConsultationTreatmentConditions | UPDATED 10/13/17

1. **Medical Consent:** I, the undersigned, do hereby certify that I am the owner (or authorized agent of the owner) of this animal and that I am 18 years of age or older; that I hereby authorize the Veterinary Medical Center of the University of Tennessee, their agents or representatives, to recommend the medical or surgical procedures, sedation, anesthesia, x-ray examination, diagnostic procedures, prescribe drugs, or such treatment which the clinician deems necessary.
2. **No Guarantee as to Results:** I understand that the practice of veterinary medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the result of treatments and examination.
3. **Education:** I understand and agree that the University of Tennessee Veterinary Medical Center is involved in educational activities and that faculty, residents, interns and students will be involved in my animal's care.
4. **Release of Information:** I authorize the release of medical information to the following Insurance Company \_\_\_\_\_ their agents or representatives listed here in order to process any claims or applications for insurance. I further authorize the release of medical information to my Primary Veterinarian \_\_\_\_\_.
5. **Photography/Videos/Audio:** If I submit photographs/video/audio recordings of my animal, I hereby authorize the University of Tennessee, College of Veterinary Medicine to use or permit other persons to use the images, videos, or sound recordings prepared therefrom for such purposes and in such manner as may be deemed necessary, including but not limited to teaching, education, research, and public information purposes, and the animal and/or owner will not be identified by name.
6. **Promise to Pay Account:** I agree to accept responsibility for the payment of all consultations/services rendered. Should it become necessary to collect this account through an attorney, the undersigned agrees to pay all costs of collections, including reasonable attorney fee
  - Payment required when services rendered
  - \$30 service charge for all returned checks
  - Interest may be charged at a rate of 1.5% per month (10% per annum) for all accounts with outstanding balances

The undersigned certifies that he/she has read the foregoing, or has had the foregoing read to him/her, and that he/she understands and fully accepts its terms.

\_\_\_\_\_  
Signature of Owner or Owner's Agent

\_\_\_\_\_  
Date