

 | **Veterinary Obesity Center**

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)

PET INFORMATION *(please PRINT)*

Name: _____ Breed: _____

Species: Canine Feline Gender: Intact Female Spayed Female
 Intact Male Neutered Male

Age: _____ 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 NO

If YES, please describe: _____

Is there competition for food between pets? YES NO

If YES, please describe: _____

Is your pet fed from the same bowl as other pets in the house? YES NO

If 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 & Outdoors

Is your pet: Very active Moderately active Not very active

Please 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 NO

If 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

Diet Type	Brand	Flavor	Amount Fed Per Meal	Times Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Dry	Purina Pro Plan	Sensitive Skin & Stomach Salmon & Rice	1 cup	Twice daily	Fed since May 2015	Still feeding
EXAMPLE: 5-oz wet tub	Wellness Trufood	Tasty Pairings with Chicken, Green Beans & Chicken Liver	½ tub	Four times per day	01/14 -10/16	Associated with diarrhea

HOMEMADE DIET HISTORY

Diet/Ingredient Type	Preparation Method	Amount Fed Per Meal	Times Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Ground beef (80% lean, 20% fat)	Pan browned in 1 tablespoon olive oil	1 cup, cooked amount	Twice daily	January 2014 - October 2016	Still feeding
EXAMPLE: Green beans	Fed raw	½ cup, raw amount	Twice daily	January 2014 - October 2016	Associated with diarrhea

COMMERCIAL TREAT HISTORY

Treat Type	Brand	Flavor	Size	Number Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Biscuit	Old Mother Hubbard	Classic Liv'R'Crunch oven-baked dog biscuits	Mini	6	Fed since May 2015	Still feeding
EXAMPLE: Bone	Greenies	Freshmint Dental Chews	Teenie	1	01/14 -10/16	Associated with diarrhea

HUMAN FOOD / HOME PREPARED TREAT HISTORY

Treat Type	Ingredient	Serving Size	Times Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Vegetable	Green beans	1/2 cup	2	Fed since May 2015	Did not eat them well
EXAMPLE: Homemade treat	1/2 cup rolled oats 1 tbsp applesauce 1 cup water	Each batch makes 20 treats; 1 - 2 treats fed per day	3	01/14 -10/16	Still feeding



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