



R.M. Streeter Animal Nutrition Consulting

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Board Certified Veterinary Nutritionist™

Small Animal Nutrition Consultation Form:

Owner Information:

Name: _____ Date: _____

Address: _____

Primary Phone: _____ Alternate phone: _____

Fax: _____ E-mail: _____

What dietary goals would you like reach with this nutrition consultation?

Are you looking for:

A commercial diet recommendation

A homemade diet formulation

Both Unsure

Referring Veterinarian Information:

Name of Dr. and Practice: _____

Phone: _____ Fax: _____ e-mail: _____

Patient Information:

Name: _____ Age: _____

Breed: _____

Male/Female: _____ Spayed Castrated

Current Weight: _____ Ideal Weight: _____

Diet History:

Name of current diet (please be specific): _____

Type of diet (Canned, Dry, Semi-moist): _____

Amount fed each day: _____

Feeding frequency (how many meals is this amount broken into each day?)

How long has this diet been fed? _____

What diets have been previously fed? _____

Why were these diets discontinued? _____

What treats are fed? _____

How many treats are fed each day and how often?

What table foods are given: _____

How much each day and how often? _____

Who is responsible for feeding your pet? _____

Household Members:

Number of:

Adults? _____ Dogs? _____ Cats? _____ Other Animals? _____

Medical History:

Please list any medical problems your pet has had:

Please list any supplements your pet is on:

Please list any medications your pet is currently taking:

Do you use food to administer medications? Yes No If so, please specify:

Please indicate if you pet has experienced any of the following:

Vomiting: How often? Please describe: _____

Diarrhea: How often? Please describe: _____

Involuntary Weight Gain Involuntary Weight Loss:

Number of pounds? _____

Changes in appetite: Please describe: _____

Changes in defecation: Please describe: _____

If your pet has food allergies or needs a food trial to rule out food allergies please list all foods, treats and medications your pet has previously consumed:

Please describe your pet's activity level (type, duration and frequency of exercise) or typical routine:

Additional Comments?