



Ontario Veterinary College
Health Sciences Centre

Clinical Nutrition Consultation Request

Please fax to 519.827.1219, Attention: Dr. Sarah Abood
Alternatively, please email to clnutrit@uoguelph.ca with the Patient's name in the subject line.

Date:

Requested by:

Patient Name:

Owner:

The following is required to proceed with the consult:

Please check if included:

- Completed Clinical Nutrition Diet History Form
- Complete Blood Count and Serum Biochemistry – within last 6 months
- Urinalysis – within last 6 months

Referred For:

- Optimal Commercial Diet Selection for Specific Medical Condition(s)
- Home-Cooked Diet
 - Balance – please list ingredients with exact amounts fed daily
 - Formulate – please provide dietary preferences / restrictions

Reason:

- No commercial diet available to meet pet's needs
- Pet finds commercial diet unpalatable
- Owner's preference

Body Weight:

Current: kg
Ideal: kg

Body Condition Score (1 – 9):

Muscle Condition Score (normal or mild, moderate or severe muscle wasting):

Appetite:

Tentative Diagnosis & Current Treatment:

Previous Medical History (please include all pertinent medical records):

Email and/or phone contact information:

Can Clinical Nutrition services contact the owner for more information and discussion of diet plan?

- Yes
- No