

HILLSBOROUGH  
210 Route 206 S.  
Hillsborough, NJ 08844  
(908) 359-3161

MOUNT LAUREL  
2051 Briggs Road  
Mount Laurel, NJ  
(856) 429-4394

TINTON FALLS  
197 Hance Avenue  
Tinton Falls, NJ 07724  
(732) 747-3636



Specialty and 24/7/365 Emergency Care  
RedBankVet.com

## CLINICAL NUTRITION CONSULTATION

### CLIENT INFORMATION

**PRIMARY CONTACT:** First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**ALTERNATE CONTACT:** First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### PATIENT INFORMATION

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ ☐ Male or ☐ Neutered Male ☐ Female or ☐ Spayed Female

Color: \_\_\_\_\_ Approximate Age: \_\_\_\_\_ Is your pet current on vaccinations? ☐ YES ☐ NO

If yes, please provide certification of vaccine. If you do not have certification, we will verify with your primary care veterinarian:

### PRIMARY CARE VETERINARY/HOSPITAL

First: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please list any other veterinary hospitals where your pet has been evaluated: \_\_\_\_\_

### HOW DID YOU CHOOSE RED BANK VETERINARY HOSPITALS?

Did you recently move to the area? ☐ Yes ☐ No

#### HOW DID YOU HEAR ABOUT US?

☐ My primary or specialty care veterinarian ☐ Internet ☐ Friend/Family Member ☐ Community event ☐ Yellow Pages

☐ Red Bank Veterinary Hospitals Website ☐ Event ad journal ☐ Newspaper/magazine article ☐ SuperPages.com

☐ Drove by the hospital ☐ Other: \_\_\_\_\_

Continued on back ►

## CONSULTATION REQUIREMENTS

A complete diet history form is required to proceed with all clinical nutrition consultations. Various lab results are also required to proceed with the nutrition consultation if they have not been performed within the last 6 months, particularly in patients over 7 years of age.

### PLEASE CHECK THE FOLLOWING TESTS THAT HAVE BEEN PERFORMED IN THE LAST 6 MONTHS:

- ☐ Urinalysis    ☐ Complete Blood Count (Hematology)    ☐ Biochemistry    ☐ Thyroid Screening Test
- ☐ My pet has not had any of these test performed recently    ☐ I am not sure if these tests have been performed on my pet

If these tests have not been performed, Dr. Cline may request lab work at the time of your consult or recommend follow-up with your regular veterinarian.

## MEDICAL AND CLINICAL HISTORY

Please list your pet's CURRENT medical concerns (reason for this consult) in your own words: \_\_\_\_\_

\_\_\_\_\_

Please list your pet's PAST medical history in your own words and indicate whether or not these conditions have resolved: \_\_\_\_\_

\_\_\_\_\_

Please list all medication your pet is receiving currently (indicate type, amount (mg), and frequency). Supplements should be listed in a separate section. **EXAMPLE:** Prednisone 5mg once daily. \_\_\_\_\_

\_\_\_\_\_

Is your pet on monthly Flea/Tick/Heartworm prevention? ☐ Yes ☐ No

If yes, please list the brand and dosage: \_\_\_\_\_

Have you noticed any change in urination? ☐ Yes ☐ No

Describe the change and duration: \_\_\_\_\_

Current fecal score (see chart on pg 7): \_\_\_\_\_ Have you noticed any change in your pet's bowel movements? ☐ Yes ☐ No

Does your pet currently have a good appetite? ☐ Yes ☐ No    Has your pet's appetite changed? ☐ Yes ☐ No

Describe the change and duration: \_\_\_\_\_

Does your pet beg for food? ☐ Yes ☐ No    Is your pet vomiting? ☐ Yes ☐ No

How active is your pet on a scale of 1 - 10? **RATE:** 1 = Very Inactive, sleeps the majority of the day, rarely playful when exercised vs.

10 = Very active, thoroughly enjoys exercise, often active inside or out. **RATING:** \_\_\_\_\_

Where does your pet spend most of the time? ☐ Indoors ☐ Outdoors

How does your pet have access to the outdoors? ☐ Fenced backyard ☐ Unfenced backyard ☐ Leash walks ☐ N/A

Please describe the type of work or exercise (if any) your pet does on average per week. \_\_\_\_\_

Please describe any care not provided by the primary owner. (Day care, dog walker, boarding, etc.) \_\_\_\_\_

Who currently feeds your pet? \_\_\_\_\_ Number of family members at home: **Adults** \_\_\_\_\_ **Children** \_\_\_\_\_

Where is your pet fed? (Laundry room, kitchen, etc.) \_\_\_\_\_

Are there other animals in the household? ☐ Yes ☐ No If Yes, please include their names and species: \_\_\_\_\_

Does your pet have access to other pet food? ☐ Yes ☐ No Is your pet fed from the same bowl as other pets in the house? ☐ Yes ☐ No

Does your pet ever gain access to the trash? ☐ Yes ☐ No Has your pet experienced any: ☐ Weight Gain ☐ Weight Loss

Over what period of time has your pet gained or lost weight? \_\_\_\_\_ What is your pet's ideal body weight? \_\_\_\_\_

How would you describe your pet's weight? ☐ Overweight ☐ Ideal Weight ☐ Underweight

If your pet is overweight or underweight, what do you feel is your pet's ideal body weight in pounds? \_\_\_\_\_

## COMMERCIAL FOOD INTAKE

BRAND	PRODUCT NAME	TYPE	AMOUNT	FREQUENCY	DATES FED
<i>EXAMPLE: Purina One</i>	<i>Smart Blend Hairball Formula</i>	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Other _____	<i>1/2 cup</i>	<i>Twice daily</i>	<i>Jan 2013-Present</i>
		<input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Other _____			

*\*Please be as specific as possible when describing the Brand and Product Name. Listing simply a brand name (e.g. Purina, Blue Buffalo, Science Diet) is not specific enough as these companies typically make numerous varieties of food.*

If you feed by volume, what size measuring device do you use? (8 oz. measuring cup, coffee mug, handful, etc.) \_\_\_\_\_

Do you measure your pet's food with a kitchen scale? ☐ Yes ☐ No

Continued on back ►

## TREAT INTAKE

Treats include commercial, table/people foods, dental hygiene products, rawhides, or food used to administer medications. Please list the brands, product name, type, amount fed, and frequency of feeding. Indicate how long the treats have been fed.

Do you give your pet treats? ☐ Yes ☐ No Do you use food/treats to administer medications or supplement? ☐ Yes ☐ No

## TREATS

BRAND	PRODUCT NAME	TYPE	AMOUNT	FREQUENCY	DATES FED
<i>EXAMPLE: Nudges</i>	<i>Jerky Cuts</i>	<i>Jerky</i>	<i>1</i>	<i>Once daily</i>	<i>May 2019-Present</i>

*\*Please be as specific as possible when describing the Brand and Product Name. Listing simply a brand name (e.g. Purina, Blue Buffalo, Science Diet) is not specific enough as these companies typically make numerous varieties of food.*

## CURRENT SUPPLEMENT INTAKE

BRAND	TYPE	AMOUNT	FREQUENCY	DATES FED
<i>EXAMPLE: Ascenta Canine Fish Oil</i>	<i>liquid</i>	<i>1/2 tsp</i>	<i>Once daily</i>	<i>May 2019-Present</i>

*\*Please be as specific as possible, due to the quantity and variety of supplements on the market.*

## HOME PREPARED FOOD INTAKE

This section is for pets who are receiving the majority of their food from a home prepared diet. Please list any supplements provided with the diet in the above supplement section.

Please describe the recipe you are feeding your pet. List the type of food (including specific cuts of meats or lean and fat % of ground meat products), the amount fed, and frequency of feeding. Indicate how long your pet has been on a home prepared diet.

THIS SECTION CONTINUES ON NEXT PAGE

**EXAMPLE:**

- 1 cup boiled chopped chicken breast boneless, skinless OR 93% lean ground beef pan-browned
- 2 cups boiled long-grain white rice

- 1/2 cup chopped steamed broccoli and cauliflower
- 2 tablespoons of canned pumpkin

*\*The above combination of foods is divided into 3 portions and fed over 1 day. I have been feeding this diet for 1 year.*

Please describe:

---

---

---

---

## INGREDIENT PREFERENCES

This section MUST be completed if a Home-Prepared Diet Formulation is requested or required. Please select protein and carbohydrate preferences. Diet recipes are typically formulated using one protein and one carbohydrate (in addition to other essential nutrient supplements). Any special ingredient requests or combinations can be discussed with the Nutritionist prior to the final formulation.

*Note: If the recipe is necessary for management of an adverse food reaction or allergy, please indicate which ingredients (if any) are known to be well-tolerated by your pet.*

### PRIMARY PROTEIN INGREDIENTS

- ☐ Beef
- ☐ Pork
- ☐ Lamb
- ☐ Chicken
- ☐ Turkey
- ☐ Chicken Egg
- ☐ Cottage Cheese
- ☐ Tofu
- ☐ Crab
- ☐ Tuna
- ☐ Salmon
- ☐ Tilapia
- ☐ Other \_\_\_\_\_

### PRIMARY CARBOHYDRATE INGREDIENTS

- ☐ White Rice
- ☐ Brown Rice
- ☐ Barley
- ☐ Oatmeal (rolled oats)
- ☐ White Potato
- ☐ Sweet Potato
- ☐ Green Peas
- ☐ Macaroni Pasta (wheat pasta)
- ☐ Polenta (ground corn)
- ☐ Millet
- ☐ Quinoa
- ☐ Tapioca
- ☐ Other \_\_\_\_\_

Known food allergies/sensitivities: \_\_\_\_\_

Please list any ingredients you prefer to avoid: \_\_\_\_\_

---

---

## GOAL(S) OF NUTRITION CONSULT

Are you primarily seeking a nutrition consult for (check all that apply):

☐ Commercial diet recommendations    ☐ Weight Loss Recommendations    ☐ Weight Loss Recommendations    ☐ Not Sure/No Pref.

Please list any other specific goal(s) for this nutrition consult: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PAYMENT OPTIONS








Payment must be rendered at the time of service. We accept all major credit cards including CareCredit®. Personal checks are welcome when accompanied by a driver's license. If you have questions regarding your payment, you may contact the nutrition service before your visit. If a diet plan needs to be created, this would be in addition to the initial consultation fee. Development of this written plan will depend on your pet's individual needs, the complexity of the diet plan, and any specific diet requests you may have.

**Thank you for choosing Red Bank Veterinary Hospitals  
for your pet's healthcare.**

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FECAL SCORING CHART**

SCORE	SPECIMEN SAMPLE	CHARACTERISTICS
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