



Veterinary Nutrition Service Consultation

Please download, complete, and email. Fields in **RED** are required. Date:

Client Information

Client Name:

Address:

City:

State:

Zip Code:

Phone - Home:

Work:

Cell:

Email:

Primary Veterinarian Information

Name:

Hospital Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Patient Information:

Name:

Species:

Breed:

Age:

Yrs.

Months

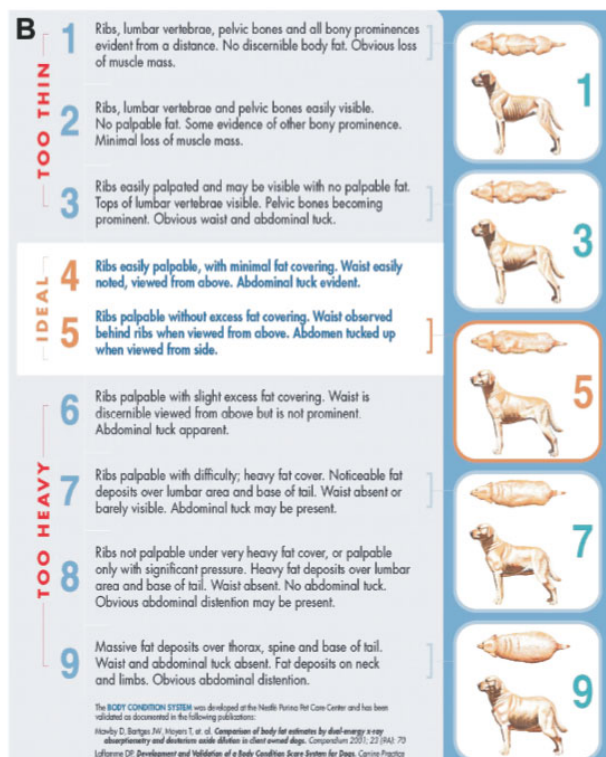
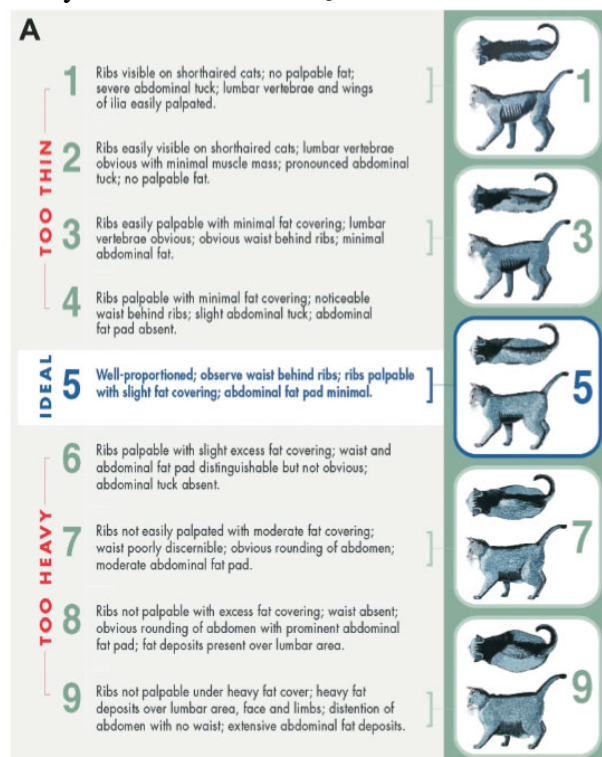
Sex:

Weight:

Color:

Muscle mass (muscle condition score):

Body Condition Score (9 pt. scale)



Primary Reason for Consult:

Patient Medical History (please include all medications & copies of relevant lab work – fax or email):

Please list any concurrent medical conditions:

Patient Dietary History (for commercial foods, please include brand name, type, and form i.e. canned/dry)

Primary

Diet:

Amount Fed:

Other Foods/treats/supplements/nutraceuticals:

Recent Dietary Changes:

Any of your specific concerns:

Please email this completed form to ugavns@uga.edu

NOTE: We will be in contact with your veterinarian so that we may acquire medical records, laboratory testing, imaging, and other information in order to provide the consultation. We work with your veterinarian as part of the health care team to provide optimal nutrition and nutritional therapies for your pet.