

Nutrition Consult Request Form[©]

(This form may be filled out online then printed to mail or fax)



To: Nutrition
Support
Service

Veterinary
Medical
Teaching
Hospital

University
of
California,
Davis

One
Shields
Avenue

Davis, CA
95616-
8747

DVM:
Clinic:
Address1:
Address2:
Address3:
Fax:
Voice:

Fax: (530) 752-
9620

Voice: (530) 752-
1387

Prior to faxing or sending this request, I spoke with:

Dr. Backus

Dr. Fascetti

Dr. Cave

Dr. Stratton-Phelps

Dr. Delaney

Stefanie
Oppenheim, PhD

Reason for Consult Request: (please check one)

Balance current home-cooked diet (Please attach description of ingredients, amounts fed, etc.)

Formulate home-cooked diet, because no commercial diet available to meet pet's needs

Patient finds commercial diets unpalatable

Other, please specify:

Client Name:

Patient Name:

Species:

Age:

Breed:

Sex:

Body Weight: Current:

Ideal:

**Body Condition
Score (on a 9
point scale)**

Previous Medical History (please include dates):

**Current Medical
Problems:**

**Current
Medications:**

Laboratory Abnormalities: (PLEASE ATTACH LABORATORY REPORTS)

Does the pet have a good appetite?

Typically:

Currently:

Dietary History: (please include brand or type of food fed, quantity of food fed, frequency of feeding on a daily basis, and approximate dates that each food was fed)

Previous Diets:

Current Diet:

Patient Dietary Preferences (What ingredients will the patient be willing to eat?):

Protein Sources

Carbohydrate Sources

beef	pork	barley	potato, white
chicken	salmon	millet	quinoa
cottage cheese	tofu	oatmeal	rice, brown
crab	tuna	pasta, spaghetti	rice, white
egg	turkey	peas, green	tapioca
lamb	whitefish	potato, sweet	

Other:

If diet formulation is needed due to an *adverse reaction to food(s)*, please provide us with some options of protein and carbohydrate sources that are both *novel* AND *palatable* to your patient. If unknown, please determine prior to submitting consult.

Thank you for your request. We will contact you with follow-up questions as needed. Once all of the necessary information to complete the consult is received, the turnaround time is approximately 2 weeks. Our charge for formulating new diets is \$100 and the charge for extensive follow-up or diet reformulation is \$65. These prices are current as of July 1, 2002, but are subject to change in the future. Per VMTH billing policy, once the consult has been completed, the name of the client and your clinic name will be forwarded to the Small Animal Cashier's Office. Invoices will be sent directly to your clinic by the Small Animal Cashier's Office. **Do not send payment prior to receiving the invoice.** Please call us if you have any additional questions or concerns.

Each time you submit a consultation to our service, please call the VMTH, and leave a message for the Nutrition Support Service so we can ensure the case has been received.