

Veterinary Hospital
 Phone: 919.513.6999
 Fax: 919.513.6905
 Email: NCStateVeterinaryNutrition@ncsu.edu

Date: _____

Fee

Referred for: **COMMERCIAL DIET REQUESTS** **Options available:**

- Optimal commercial diet options (To referring veterinarian) No charge
- Commercial diet feeding recommendations (To owner) \$82
- Assisted (tube) feeding recommendations (To referring veterinarian) \$85

HOMEMADE DIET REQUESTS **Options available:**

- New homemade formulation \$309
- New homemade diet analysis and formulation \$342
- Homemade diet and commercial diet options \$391
- Homemade diet (minor) reformulation \$85

Homemade Diet Services done by in-hospital appointment only

One of our receptionists will call the owner to schedule an appointment with the Clinical Nutrition Service.

Referred by:

_____ of _____ Hospital
 Name Street Address

 City State Zip

 Phone Fax

 Email

Patient/Client Information:

DOB: _____ Age: _____

 Pet Name Canine Feline

 Breed F F/S M M/C
 Body weight _____ kg lb Body Condition Score ____ / 9
 Muscle Condition Score normal mild atrophy

 Client Name moderate atrophy severe atrophy

 Street Address

 City State Zip

 Phone Email

Summary of current and historical medical diagnoses: PLEASE INCLUDE ALL PERTINENT MEDICAL RECORDS

Example: IRIS stage 2 CKD – proteinuric, normotensive. Stable past 6 months. Tx amlodipine and enalapril.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Additional notes:

Current Appetite: Normal | Decreased by ___ 25% ___ 50% ___ 75% | Anorexic
 for 1-7 days | for 1-7 days
 for > 7 days | for > 7 days

Unintended change in body weight? No
 Yes – gained ___ kgs / lbs over ___ weeks / months
 Yes – lost ___ kgs / lbs over ___ weeks / months

History of gastrointestinal intolerance? No
Please check all that apply Yes – vomiting for ___ weeks / months / years
 Yes – regurge for ___ weeks / months / years
 Yes – diarrhea for ___ weeks / months / years

If checked yes, please describe frequency, identifiable predisposing factors, treatments provided and response.

Thank you for your referral. We appreciate the confidence you place in our service.

Please return form and pertinent medical records/ diagnostic results via:
Fax (919.513.6905) or Email (NCStateVeterinaryNutrition@ncsu.edu)