

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

Referred for: **NUTRITIONAL CONSULTS to RDVM** **Options available:** **Fee**
 Courtesy commercial diet options & Nutrition-related inquiries No charge
 Assisted (tube) feeding recommendations (To referring veterinarian) \$98

NUTRITIONAL CONSULTS TO PET OWNER **Options available:**

STEP 1: CHOOSE 1:

Initiating Consult by phone \$20/15 minutes
 Initiating Consult by in-hospital visit \$103

STEP 2: CHOOSE 1:

Commercial diet feeding recommendations \$98
 Homemade diet evaluation \$98
 Homemade diet formulation \$425
 Homemade diet and commercial diet options \$502

Referred by:

_____ of _____
Name Hospital

Street Address

City State _____ Zip _____

Phone Fax _____

Email

Patient/Client Information:

DOB: _____ Age: _____

Pet Name Canine Feline
 F F/S M M/C

Breed Body weight _____ kg lb Body Condition Score ____ / 9
Muscle Condition Score normal mild atrophy
 moderate atrophy severe atrophy

Client Name

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:
or Email NCStateVeterinaryNutrition@ncsu.edu or Fax (919.513.6905)