`

#

##

#  to be completed by OWNER

**DATE:**

**Pet name:**

**Owner name:**

**Owner email:**

**Owner phone:**

**Reason for consult:**

\_\_\_\_\_\_\_I’d like an appointment to bring my pet to UC Davis

\_\_\_\_\_\_\_I’d like to work through my veterinarian

VMTH ID Number, if current or previous patient:

Current weight: \_\_\_\_\_\_\_\_\_\_ kg or lb

Ideal weight: \_\_\_\_\_\_\_\_\_\_\_ kg or lb

1. Is your pet housed: Indoor Outdoor Both Outside mainly for walks or exercise

2. Please describe pet’s activity level (type, duration & frequency):

3. Do you have other pets? Yes No If yes, please list:

4. Is your pet fed in the presence of other animals? Yes No If yes, please describe:

5. Is food left out for your pet during the day?

6. Does your pet typically eat all food offered?

7. Does your pet have access to other unmonitored food sources (i.e. food from a neighbor, cat food, etc.)? Yes No If yes, please describe:

8. Who typically feeds your pet?

9. Please list your pet’s **current and past medical problems**, and whether they have resolved:

**Page 1 of 3**

10. Please list all **medications** your pet is currently receiving and any administered over the past three months (note those that are current):

11. How do you **administer medications and supplements** to your pet? If foods such as peanut

butter or Greenies Pill Pockets are used, please **estimate amounts fed per day.**

12. **Diet(s) that the pet is eating now**

**-ALL foods, snacks, and treats** your pet **currently** eats, human foods included.

**-Separate out each ingredient in a home-cooked diet (each ingredient on its own line).**

**-Specify if human food items are measured before or after cooking.** *Examples in italics.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Brand name** | **Food/Variety** | **Form/how cooked** | **Amount \*per meal\*** | **# of meals per day** | **Fed since** |
| *“X” Brand* | *Chicken breast, skinless, boneless* | *baked* | *50 grams after cooking* | *3 times per week* | *May 2014* |
| *“X” Brand* | *Lamb & Rice Adult Dog*  | *dry* | *1 ½ cups* | *Twice a day* | *June 2012* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Additional supplements** your pet receives **now** (i.e. herbal product, fish oil, vitamin or mineral, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Brand name** | **Supplement** | **Form** | **Amount**  | **# per day** | **Fed since** |
| *“X” Brand* | *multivitamin* | *tablet* | *1 tablet* | *2 times per day* | *May 2011* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

13. **Diet(s) that the pet ate in the past**

-ALL foods, snacks, treats, and supplements your pet has received in the past.

-Indicate the approximate time period when they were fed. *Example in italics.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Brand Name** | **Product/Variety** | **Form** | **From** | **To** | **Reason stopped** |
| *“X” Brand* | *Kitten formula* | *canned* | *June 2011* | *March 2012* | *Became an adult* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Page 2 of 3**

14. Has your pet experienced any of the following:

 Recent involuntary or unintended **weight change:**

weight gain **OR**  weight loss How much? \_\_\_\_\_\_\_\_\_\_\_\_\_kg or lb.

 Over what time period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Vomiting:** \_\_\_\_\_\_\_\_ times/day \_\_\_\_\_\_\_\_\_\_ times/week. Over what time period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Diarrhea:** \_\_\_\_\_\_\_\_ times/day \_\_\_\_\_\_\_\_\_\_ times/week. Over what time period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Have you observed changes in any of the following:

 Urination **OR** Drinking What was the specific change?

 Since when?

 Defecation What was the specific change?

 Since when?

16. Does your pet have a good appetite?Typically: Yes No Currently: Yes No

 Since when?

##### 17. Does your pet have? allergies **OR** difficulty chewing swallowing

##### If so, please describe:

18. **Pet dietary preferences and restrictions:** (What ingredients will/can your pet eat?)

# If known, please indicate protein and carbohydrate sources that are both *palatable* AND *tolerated* by your pet. *If you have specific personal preferences, please let us know.*

**Protein sourcesCarbohydrate sources**

 ground beef  pork barley  potato, white

 chicken salmon  millet quinoa

 cottage cheese tofu oatmeal rice, brown

 crab tuna  pasta rice, white

 egg  turkey  green peas tapioca

 lamb whitefish potato, sweet polenta (corn)

 other:

|  |
| --- |
| ***Please read the FAQ and review the recipe template on our website prior to submitting this request. Consult with your veterinarian regarding any specific needs of your pet and the urgency of this request. Urgent requests may incur added fees.*** |

**Page 3 of 3**

**Page 3 of 3**