

Pet Nutrition Consult Form

Owner's Name (Last, First): _____

Pet's Name: _____

Species: _____

Breed: _____

Age: _____

Is your pet:

Neutered/Spayed

Intact

Indoor

Outdoor

Both

Any previously diagnosed health problems especially including ear or skin issues: _____

Pet's most current weight: _____

Pet's primary diet brand: _____

Canned

Dry

Both

Amount fed daily, if dry measured amount per 8 oz cup: _____

Caloric density of food (This should be listed on the pet food label, usually above nutritional information): _____

Kcal per cup or can: _____

What treats do you give your pets? Please include any table scraps, occasional treats, chew toys (rawhides, bones, etc), and flavored medications (Greenies, Heartgard, etc):

You may email the completed form to flvc2001@gmail.com or bring it with you to your appointment. Thank you.