

Questionnaire for nutrition consultation

Personal Information (owner)

First name, last name _____

Street _____

Postal code, city _____

Phone _____

E-mail _____

Animal

Species dog cat

Name _____

Age & date of birth _____

Breed _____

Sex male female

Neutered yes no

Current body weight (kg) _____ (estimated ideal weight: _____)

Body Condition Score (0-9) _____ (assessed by your veterinarian)

Activity level very passive passive normally active very active

Other pets living with you: yes: _____ no

Additional information for puppies

Weight of mother (kg) _____

Weight of father (kg) _____

Estimated adult weight (kg) _____

Important: The more accurately this questionnaire is filled in, the faster advice can be given. In order to estimate the individual energy requirement of your pet, exact information regarding the amount of each food and/or snack fed daily is necessary. Detailed information from the food manufacturer on the nutrient content of commercial feeds is required for reliable, competent dietary recommendations. If enquiries with food manufacturers are necessary, this may lead to a delay.

The diet recommendation is based on the information you provide and any available results of veterinary examinations. Please note that regardless of compliance with due diligence, it cannot be guaranteed that your pet will eat or tolerate the recommended type and amount of food. The availability of the recommended food depends on the manufacturer and cannot be guaranteed by our veterinary nutritional advice.

General information

Referring veterinarian _____

Reason for presentation _____

Pre-existing diseases _____

(Please attach laboratory analyses if available)

Symptoms _____

Start of symptoms/ disease _____

Current medication _____

Current diet

Does your pet spend unsupervised periods outside (garden, outdoor cat, kennel, walk...)

O yes: _____ O no

Uncontrolled food intake possible?

O yes O no

How often do you provide food per day? _____

Who prepares/ provides the food? _____

Has the diet ever been changed?

O yes O no

How often has the diet been changed in the past? _____

When was the last dietary change? _____

Did the symptoms improve?

O yes O slightly O no O they worsened

In case of a suspicion of an adverse food reaction/ allergy:

Please enclose a list of all foods/ feedstuffs previously fed (main feed, supplements, treats, chewing products) and mention any symptoms or problems that occurred when feeding these.

Please indicate all foods currently fed, weighed raw in grams per day. In the case of home-made meals, enclose feeding schedules or weekly plans, as well as labels or photos of the food or ingredients used, including oils and supplements.

Required information: brand, name and amount in grams per day

Main diet:	<input type="checkbox"/> wet food	<input type="checkbox"/> homemade	<input type="checkbox"/> other: _____
	<input type="checkbox"/> dry kibble	<input type="checkbox"/> raw feed (e.g. BARF)	
_____	g/day	_____	g/day
_____	g/day	_____	g/day
_____	g/day	_____	g/day
_____	g/day	_____	g/day
_____	g/day	_____	g/day
_____	g/day	_____	g/day
_____	g/day	_____	g/day
_____	g/day	_____	g/day

Supplements

_____	g/day
_____	g/day
_____	g/day

Treats /chewing products (please list even if fed weekly or monthly)

_____	g/day
_____	g/day
_____	g/day

Other (e.g. leftovers or scraps)

_____	g/Tag
_____	g/Tag
_____	g/Tag

I hereby request and consent to a nutritional consultation and agree that I will be charged for the costs.

Place, date

signature

Please send the completed and signed questionnaire to feusisberg@margin.ch or to Marigin – Zentrum für Tiermedizin, Tierärztliche Ernährungsberatung, Firststrasse 31, 8835 Feusisberg