

Nutrition Service
Formulated Diet Consultation
DVM Request



We work directly with veterinarians, as it is illegal for us to consult directly with a pet owner whose animal we cannot personally examine. Once the completed form is received, the turnaround time for a consultation will be 2-3 weeks.

The referring veterinarian determines client fees and payment policies for this consultation. The referring veterinarian is responsible for payment to the BluePearl Nutrition Service. Minor adjustments to homemade diet plans (i.e. one to two ingredients) within one month of the initial formulation are provided at no additional charge.

Please contact us at nutrition.ga@bluepearlvet.com or 404.459.0903 with any questions.

Thank you for this consultation,
Susan G. Wynn, DVM, DACVN
Vera, RVT, Nutrition Service Technician

Please make sure each of the following accompany your request for a formulated diet:

1. Part 1, "Formulated Diet Consultation Request" completed by veterinarian
2. All records including laboratory reports for preceeding 1-2 years. We generally require a CBC/Biochem/urinalysis within the past year
3. For homemade diets/analysis or alternative outpatient feeding plans, please have your client fill out Part 2 (pages 3-5 of this form).
4. Please note that we will acknowledge receipt of the consult request. If you don't get an acknowledgement, we did not receive it!

Please return the completed form by fax, e-mail or mail to

Email: nutrition.ga@bluepearlvet.com
Fax: 404.459.0237

Mail: Susan G. Wynn, DVM, DACVN
Blue Pearl Veterinary Specialists
455 Abernathy Road NE
Sandy Springs GA 30328

PART 1: Veterinarian to Complete

VETERINARIAN'S CONTACT INFORMATION

Today's Date _____ DVM Name _____
Hospital _____ Email _____
Street Address _____ City, State _____ Zip _____
Phone _____ Fax _____

REASON FOR REQUEST

- Pet won't eat recommended diet and needs commercial or homemade alternative.
- Need analysis of and balance for current home-cooked diet. (Please attach ingredients list with amounts fed daily.)
- Other:

CLIENT & PATIENT INFORMATION

Client Name _____ Pet Name _____

MEDICAL HISTORY

Species: Canine Feline Breed _____ Age _____

Sex (please check one): M MC F FS Color _____

Body Condition Score on 9-point Scale _____

Muscle Condition Score: normal muscle mass mild muscle loss moderate muscle loss severe muscle loss

Body Weight: Current _____ LBS KGS Ideal Weight _____ LBS KGS

Current Medical Problems: _____

Previous Medical Problems: _____

Known food allergies: _____

Current medications/supplements and doses recommended by you: _____

PART 2: Pet Owner to Complete

SECTION 1: CURRENT DIET, DRUGS AND SUPPLEMENTS: Please describe your pet's current diet in detail.

Does your pet have a good appetite? Typically: YES NO

Currently: YES NO

Please list below all foods that you remember feeding – BE SPECIFIC (use back of page if necessary):

| Food | Form | Amount* | Number of times daily | Fed when? |
|-------------------------------------|-----------|-----------------------|-----------------------|----------------------|
| Examples – BRAND AND VARIETY | | | | |
| Royal Canin Hypoallergenic venison | Can | ½ can (12 oz can) | 4X daily | Nov 2016 to present |
| Lean hamburger, 10% fat | Cooked | ¼ cup | 1X daily | Nov 2016 to present |
| Natural Balance Duck and potato | Dry | 1 scoop (2 cup scoop) | 2X daily | Feb 2015 to Nov 2016 |
| Homemade food | See below | 1 cup | 3X daily | 2012 - 2014 |
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* if you use a scoop that is not equivalent to an 8 oz kitchen measuring cup, please estimate how many cups it is. For cans, indicate size. For raw foods, indicate in oz

Please list all TREATS and SNACKS (use back of page if necessary)::

| Brand | Amount | Number of times daily |
|--------------------|-----------------|-----------------------------------|
| Examples | | |
| Large rawhide chew | 1 8 inch "bone" | 3 X weekly |
| Fruitables | 1 strip | 2X daily |
| Cheese | ¼" piece | Training treats – maybe 10-15/day |
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What **drugs** is your pet being given? Please include all that you get from your veterinarian AND over the counter from drug stores

| Drug name | Dose given | Number of times daily |
|-----------|------------|-----------------------|
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Are there other animals in the household? If so, please describe species and number, such as two cats, one other dog, one free roaming rabbit, etc.

Is the food left out after meals or taken away?

Is your pet indoors, outdoors, or both? Please describe how much time is spent indoors and outdoors, for example, 100% indoors; out during the day and in at night; or just goes out with me on walks, etc.

What kind of exercise does your pet receive and for how long each day, such as a 15-minute walk twice daily; ball throwing for a half hour daily; playing with laser pointer for 10 minutes daily; etc.?

| <i>Type of exercise</i> | <i>How long each time</i> | <i>How many times per day</i> |
|--------------------------------|----------------------------------|--------------------------------------|
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GOALS: Please tell us the goals of this consultation – what would you like to accomplish?

SECTION 2: HOMEMADE DIET PREFERENCES: Please skip this section if you are not interested in a homemade diet.

INGREDIENT PREFERENCES

Choose one or more proteins

- Beef
- Pork
- Lamb
- Chicken
- Turkey
- Egg
- Tuna
- Salmon
- Tilapia/whitefish
- Mackerel
- Cottage Cheese
- Tofu
- Chickpeas
- Other – please list

Choose one or more carbohydrates

- White rice
- Brown rice
- Barley
- Oatmeal
- White Potato
- Sweet Potato
- Green peas
- Pasta
- Polenta/Grits
- Millet
- Quinoa
- Tapioca
- Amaranth
- Corn
- Other – please list

Choose veggies (optional)

- Spinach
- Carrots
- Broccoli
- Cauliflower
- Green beans
- Summer squash (yellow, zucchini)
- Winter squash (acorn, spaghetti)
- Zucchini
- Bell pepper
- Other – please list

Please mark your preference for either #1 or #2, not both) as to what type of cooking you want to do for your pet. If it is possible to accommodate a more varied diet, we will do so:

#1: One simple recipe with as few ingredients as possible

#2: A recipe that may have more ingredients to provide a wider spectrum of whole food nutrition

We can often (**but not always**) offer a choice of vitamin-mineral supplements to fit the owner’s preferences for convenience or ingredients.* If we are able to offer a choice, please mark your preference for either #1, #2 or #3:

#1: An all-in-one powder (such as Balance It® brand offers, for example): This saves you from having to purchase multiple products and crush them before mixing.

#2: Over-the-counter supplements available from many grocery stores and pharmacies in your area

***Please note that, typically, we are not able to use your own multivitamin supplements in formulated diets. However, if you prefer we do this, we will attempt to work your indicated ingredients into your recipe. There will be a significant additional charge for this service.**