Veterinary Nutrition Consultation Referral Form

Dr. Jennifer Weaver

jennifer@balanced-bowls.com

Bachelor of Science in Biology
Doctorate in Veterinary Medicine
NAVC Pet Nutrition Coach Certification
NAVC Pet Therapeutic Nutrition Coach Certification
CIVT Veterinary Natural Nutrition Certification
CIVT Veterinary Integrative Therapeutic Nutrition Certification

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Referring Veterinarian Information

Clinic Name: _____

Primary Veterinarian:_____

Clinic Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Preferred Communication Method
☐ Email Report
☐ Phone Consultation
☐ Both

Client Information

Owner Name: _____

Phone: _____

Email: _____

Address: _____

City/State/Zip: _____

Patient Information

Patient Name: _____

Dog Breed:

_____

Age / DOB: _____

Sex
☐ Male
☐ Male Neutered
☐ Female
☐ Female Spayed

Microchip #: _____

Body Condition & Weight

Current Weight: _____

Ideal Weight (if known): _____

Body Condition Score (1–9):
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Muscle Condition Score
☐ Normal
☐ Mild Loss
☐ Moderate Loss
☐ Severe Loss

Recent Weight Change
☐ None
☐ Weight Gain
☐ Weight Loss

Amount of Change: _____

Time Frame: _____

Activity & Lifestyle

Activity Level
☐ Sedentary
☐ Moderate
☐ Active
☐ Working/Athletic

Other animals in household:

_____

_____

Reason for Referral

☐ Obesity / Weight Management
☐ Longevity/Geriatric
☐ Gastrointestinal Disease
☐ Food Allergy / Intolerance
☐ Oncology Nutrition Support
☐ Other:
Primary goals or questions for consultation:

_____

_____

_____

Medical History

Primary Disease

_____

_____

_____

Secondary Disease

_____

_____

Medications

Medication | Dose | Frequency | Indication

_____

_____

_____

_____

_____

Supplements

Supplement | Brand | Dose | Frequency

_____

_____

_____

_____

Diagnostics Available

Attach recent results if available

☐ CBC
☐ Serum Chemistry
☐ Urinalysis
☐ SDMA
☐ Thyroid Panel
☐ GI Panel
☐ Spec cPL / fPL
☐ Bile Acids
☐ Imaging (Radiographs / Ultrasound)
☐ Blood Pressure
☐ Other:

Date of most recent diagnostics:

_____

Requested Nutrition Services

☐ Homemade Diet Formulation (Healthy Pet)
☐ Therapeutic Diet Recommendation (Disease Management)

Additional Notes

_____

_____

_____

_____

_____

Water Intake

☐ Normal
☐ Increased
☐ Decreased

Water Source
☐ Bowl
☐ Fountain
☐ Other:

Gastrointestinal Signs

☐ Vomiting
☐ Diarrhea
☐ Constipation
☐ Gas
☐ Regurgitation
☐ Coprophagia

Frequency / Details:

_____

Food Allergies or Sensitivities

_____

_____

_____

Previous Diet Trials

_____

_____

_____

Signature

Veterinarian Signature:

Date: