BALANCED BOWLS

VETERINARY NUTRITION CONSULTING

NUTRITION AUDIT (Pet Owner)

Pet's name: _____

Breed:_____ **Age:** _____ **Weight (lbs)** _____

Gender _____ **Neutered** **Y** ☐ **N** ☐

Client's name: _____

Address:_____

_____

Email:_____

Phone:_____

Date form completed: _____

1. **How active is your pet?** Very active ☐ Moderately active ☐ Not very active ☐
2. **How would you describe your pet's weight**? Overweight ☐ Ideal weight ☐

   Underweight ☐

3. Current Diet Summary

Primary Diet Brand:

Formula:
☐ Dry
☐ Canned
☐ Fresh
☐ Raw
☐ Homemade

Amount Fed Per Day and Brand of food:

_____

_____

Meals Per Day
☐ 1
☐ 2
☐ 3
☐ Free Choice

4. Appetite

☐ Normal
☐ Increased
☐ Decreased
☐ Picky

5. Requested Nutrition Services

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

6. Additional Food Audit:

How is food measured?
☐ Measuring cup
☐ Kitchen scale
☐ Estimated

7. Treats

Treat Type | Brand | Amount | Frequency

_____

_____

_____

_____

_____

8. Table Foods / Human Foods

Food Item | Amount | Frequency

_____

_____

_____

9. Supplements

Product | Brand | Amount | Reason

_____

_____

_____

_____

Professional Qualifications and Scope of Services

I am a licensed practicing veterinarian with advanced education and multiple professional certifications in veterinary nutrition. I am not a board-certified veterinary nutrition specialist (DACVN) and do not represent myself as one.

My services are intended to provide nutritional guidance and educational support. They do not replace veterinary diagnosis, treatment, or emergency care.

Client Responsibilities

Clients are responsible for following all Veterinary-Client-Patient Relationship (VCPR) laws in their state, including any referral requirements for virtual consultations involving medical disease.

Clients should consult their referring veterinarian about any current or future medical concerns, treatment decisions, or changes in their animal's health after the nutrition consultation.

I, _____ (name), acknowledge that I have read and understand the statements above. By signing below, I confirm and agree to the following:

- I consent to receive the nutrition services described in this document.
- I have established care with a primary care veterinarian who has deemed my pet healthy and free from underlying disease.
- I understand that these services are educational and supportive in nature and do not replace veterinary diagnosis, treatment, or emergency care.
- I agree to the fees associated with these services and agree to pay them at the time of service.

E- Signature

Date: