

## VCA Animal Care Center of Sonoma County Intake Form for Nutrition Consultations

Thank you for taking the time to fill out this form. Please answer all questions as completely as you can and print clearly.

<b>Pet's name:</b>	<b>Pet's age:</b>
<b>Owner/Caregiver:</b>	<b>Today's date:</b>

In order for us to make the best recommendations for your pet, the following items are requested.  
For sick pets, more recent lab results may be needed. Please call us at 707-584-4343 if you have any questions.

- ☐ Intake form for nutrition consultations
- ☐ Medical records from primary care veterinarian
- ☐ Complete blood count, biochemistry profile and urinalysis from within the past year
- ☐ Additional relevant test results (urine culture, T4, ultrasound reports, etc.)

### What are your reasons and goals for a nutrition consultation?

---



---



---



---

### Please answer the following questions about your pet:

- 1) Is your pet housed: ☐ indoors ☐ outdoors
- 2) Please describe your pet's activity level: ☐ low ☐ moderate ☐ high
- 3) How many other pets are in the household? Dogs: ☐ Cats: ☐ Other: ☐
- 4) Do any pets have access to other pets' food? ☐ yes ☐ no
- 5) How many other people live in your household:
- 6) Who feeds your pet?
- 7) How many times per day do you feed your pet? ☐ once ☐ twice ☐ three times ☐ more than 3 times  
☐ food is out all the time
- 8) Does your pet finish all food that is offered? ☐ yes ☐ no
- 9) Does your pet have any of the following?
 

Difficulty chewing	<input type="checkbox"/> yes	<input type="checkbox"/> no
Difficulty swallowing	<input type="checkbox"/> yes	<input type="checkbox"/> no
Involuntary weight loss	<input type="checkbox"/> yes	<input type="checkbox"/> no
Nausea	<input type="checkbox"/> yes	<input type="checkbox"/> no
Vomiting	<input type="checkbox"/> yes	<input type="checkbox"/> no
Diarrhea	<input type="checkbox"/> yes	<input type="checkbox"/> no
Allergies	<input type="checkbox"/> yes	<input type="checkbox"/> no
- 10) Have you observed any changes in:
 

Urination	<input type="checkbox"/> yes	<input type="checkbox"/> no
Defecation	<input type="checkbox"/> yes	<input type="checkbox"/> no
Appetite	<input type="checkbox"/> yes	<input type="checkbox"/> no
Activity level	<input type="checkbox"/> yes	<input type="checkbox"/> no

If yes, please explain:

---



---



---



---

If yes, please explain:

---



---



---



---

- 11) **Current diets:** Please list the product names, flavors and amounts of all foods, treats, chews, and anything else your pet is currently eating. Include enough detail so that we could go to the store and purchase the exact same food. Include “people foods” given as treats or as part of a homemade diet.

Food	Type	Amount per meal	Fed how often?	Fed since?
Examples: Purina Dog Chow	Dry	1 & 1/2 cups	2x/day	May 2012
Boneless, skinless chicken breast, baked	-	3 ounces	3x/week	July 2013
Greenies Dental Treats, tuna flavor	-	2	3/day	August 2015

- 12) **Supplements:** If your pet is taking any supplements, please list all products, including vitamins, joint supplements, fatty acids, herbal products, etc. Include brands, amounts, and frequency given.

---

---

---

---

---

- 13) **Medications:** If your pet is taking any medications, please list all drugs, dosages, and frequency given.

---

---

---

---

---

- 14) **Food with medications:** If you use food to give medications to your pet (for example, Pill Pockets, cheese, peanut butter, etc.), please list all foods, amounts, and frequency given.

---

---

---

15) **Recent diet changes:** If your pet's diet has changed in the past 4 weeks, what changes were made and why?

---

---

---

---

---

---

16) **Past diets:** Please list all other diets you are not feeding now, but have fed to your pet in the past. Include when and why you stopped feeding each product.

---

---

---

---

---

---

---

---

---

---

17) Are you requesting a home-cooked diet recipe for your pet? ☐ yes ☐ no

If yes, please check the ingredients that you are willing to cook and that your pet is willing to eat daily:

**Protein sources:**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Chicken breast or thigh | <input type="checkbox"/> Pork loin |
| <input type="checkbox"/> Ground turkey           | <input type="checkbox"/> Tilapia   |
| <input type="checkbox"/> Ground beef             | <input type="checkbox"/> Egg       |
| <input type="checkbox"/> Other: _____            |                                    |

**Carbohydrate sources:**

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> White rice   | <input type="checkbox"/> Sweet potato |
| <input type="checkbox"/> Brown rice   | <input type="checkbox"/> Pasta        |
| <input type="checkbox"/> White potato | <input type="checkbox"/> Corn grits   |
| <input type="checkbox"/> Other: _____ |                                       |

**STATEMENT OF OWNERSHIP AND CONSENT:** I am the owner and/or agent of the above animal and have the authorization to consent to treatment if and when it is needed. By signing this agreement, I authorize VCA Animal Care Center staff to provide care and perform any treatment, including the administration of anesthesia and surgical procedures they consider reasonable and necessary for my animal, and I consent to any such services. I understand that with any medical or surgical procedures there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure.

I understand that I must come in and collect my animal before close of the next business day once notified to do so. Additional charges will accrue if my animal is not collected on the day he or she is ready to be released from the hospital. I will be responsible for all charges incurred. I understand that all veterinary services are to be paid for at the time such services are provided. A finance charge of 1.5% (18% per annum) will be charged on all unpaid invoices beginning 30 days from the invoice date. All unpaid checks and delinquent accounts will be transferred to a collection agency.

Owner/Authorized Caregiver Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_  
Verified by (Office Use Only): \_\_\_\_\_

Thank you for completing the intake form for nutrition consultations.  
Please return this completed form to VCA Animal Care Center of Sonoma County.  
Email: [acc@vca.com](mailto:acc@vca.com) Fax: 707-586-9042 Mail: 6470 Redwood Drive, Rohnert Park, CA 94928