# **Nutritional Assessment Form**

Patient information				
Patient name or ID #				
Client name				
Species				
Gender				
Age				
Current BW (g)		Optimal BW (	Optimal BW (g)	
BCS		Muscle mass		
Pertinent PE findings		·		
Medical history (current or				
past problems)				
Current medications:				
Activity level				
	Flighted	Clip	Clipped win	
Dietary history: Formulated Food Fed		How much is	fod?	How often
Brand		How much is	ieu.	How often
Form				
Quantity fed				
Quantity 100				How often?
Table Food/Hay (be specific)		How much?	How much?	
Breakfast				
Lunch				
Dinner				
Between meals				
Food given w/ medication				
Vitamins or supplements				
Treats		How much?		How often?

Date:

How is the animal's	appetite?
Where is the animal	fed?

## **Owner information:**

When is the animal fed?

Who feeds the animal?

How many hours/day is the animal home alone (average)?

How many adults are in the household?

How many children are in the household?

### **Environment:**

Housing:	Indoors?	Outdoors?	
Briefly describe set-up:			

Are there other animals in the household?

Is there access to other animal's food?

Is there competition for food?

Who feeds meals?

Who feeds snacks?

How frequently is the animal boarded or cared for by someone else?

Who might sabotage the diet?

#### References

Ackerman N. Companion Animal Nutrition. New York: Butterworth Heinemann Elsevier; 2008. Pp. 145-150, 191-194

Buffington CAT, Holloway C, Abood SK. Manual of Veterinary Dietetics. Missouri; Elsevier Saunders; 2004.