



## Nutrition Patient Form & Questionnaire

**Dr. Moran Tal-Gavriel, DVM, DVSc, Dip. ECVCN**

This form is fully editable. Please complete it to the best of your knowledge and save the final copy. This information will help us provide the best possible nutritional care for your companion.

Please return the completed form by email to Central Toronto Veterinary Referral Clinic: [info@ctvrc.ca](mailto:info@ctvrc.ca), at least 3 days prior to the consult, with the following details in the subject line:

*Attention: Dr. Tal-Gavriel, companion's name and owner's last name*

**Important note:** Your consultation includes an initial evaluation, a review of medical and nutritional history, and preliminary guidance where appropriate. Diet plans, whether commercial or homemade, and other services are available at an additional cost.

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### Client and Patient Information

#### Primary contact

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell

Email: \_\_\_\_\_

#### Secondary contact

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Patient

Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Sex: M / F Neutered/Spayed?: Y / N

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Date of Birth (or Age): \_\_\_\_\_ (d)/\_\_\_\_\_ (m)/\_\_\_\_\_ (y) Up-to-date on vaccines?: Y / N

Do you have pet insurance: Y / N If yes, which company? (circle one):

Trupanion / Petline / Pets+Us / Fetch / PetCare / OSPCA / 24PetWatch Other: \_\_\_\_\_

In your own words, please tell us your goals for the nutrition consult: \_\_\_\_\_

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### Referring Veterinarian Information

Referring Veterinarian: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_

Please list any other veterinary facilities who have provided care for your companion:

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### Medical History

In your own words, please list your companion's CURRENT medical concerns (reason for this consult):

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In your own words, please list your companion's PAST medical history and indicate whether or not these conditions have resolved:

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Please list all medication your companion is receiving currently (indicate type, amount (mg), and frequency). Supplements should be listed in a separate section. **EXAMPLE:** Prednisone 5mg once daily.

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Is your companion on monthly flea/tick/heartworm prevention?  Yes  No

If yes, please list the brand and dosage: \_\_\_\_\_

Have you noticed any change in urination?  Yes  No

Describe the change and duration: \_\_\_\_\_

Current fecal score (click here for the chart): \_\_\_\_\_

Have you noticed any change in your companion's bowel movements?  Yes  No

Does your companion currently have a good appetite?  Yes  No

Has your companion's appetite changed?  Yes  No

Describe the change and duration: \_\_\_\_\_

Does your companion beg for food?  Yes  No

Is your companion vomiting?  Yes  No

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### Diet History

If you currently feed by volume, what size measuring device do you use? (8 oz. measuring cup, coffee mug, handful, etc.)

Do you measure your companion's food with a kitchen scale?  Yes  No

***For the below tables, please complete the version that applies for your companion. (ie. commercial diet versus homemade)***

### Commercial Diets, Snacks and Treats

**(option for “not applicable” that will hide this chart)**

Please complete both of the tables below.

*Please be as specific as possible when describing the Brand and Product Name. Listing simply a brand name (e.g. Purina, Blue Buffalo, Science Diet) is not specific enough as these companies typically make numerous varieties of food.*

### Main Diet

Brand	Product Name	Type	Amount	Frequency	Dates Fed
<i>Example: Hill's</i>	<i>D/D duck</i>	<input type="checkbox"/> Canned <input checked="" type="checkbox"/> Kibble	<i>1/4c</i>	<i>Twice a day</i>	<i>2021-present</i>
		<input type="checkbox"/> Canned <input type="checkbox"/> Kibble			
		<input type="checkbox"/> Canned <input type="checkbox"/> Kibble			
		<input type="checkbox"/> Canned <input type="checkbox"/> Kibble			
		<input type="checkbox"/> Canned <input type="checkbox"/> Kibble			

**Snacks and Treats**

Please consider that snack and treats include commercial, table/people foods, dental hygiene products, rawhides, or food used to administer medications.

Do you give your companion treats?  Yes  No

Do you use food/treats to administer medications or supplement?  Yes  No

Brand	Product Name	Type	Amount	Frequency	Dates Fed
<i>Example: Royal Canin</i>	<i>Hypoallergenic</i>	<i>Treats</i>	<i>3-4</i>	<i>Per day</i>	<i>2021-present</i>

**For Homemade Diet Ingredients**

**(option for “not applicable” that will hide this chart)**

In case of a home-cooked diet (main diet) or added ingredients to the daily meals (as a snack/treat), please list the type of food (including specific cuts of meats or lean and fat % of ground meat products), the amount fed, and frequency of feeding. Indicate how long your companion has been on a home prepared diet. List each ingredient on one line in the following manner: *Chicken Breast, skinless - Boiled - 200 g, snack, 3 times a week – From July 2020*

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**Supplements**

**(option for “none” that will hide this chart)**

Please list any supplements provided with the diet (for home-made diet) or separately (e.g. while feeding a commercial diet) in the bellow supplement section.

*Please be as specific as possible, due to the quantity and variety of supplements on the market.*

Brand	Product Name	Type	Amount	Frequency	Dates Fed
<i>Example: Sasha’s Blend</i>	<i>Joint and anti-inflammatory</i>	<i>Powder</i>	<i>1/4 tsp</i>	<i>Per day</i>	<i>2023-present</i>


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### The Patient's Activity

How active is your companion on a scale of 1-10? Rate: 1 = Very Inactive (sleeps the majority of the day, rarely playful when exercised) vs. 10 = Very active (thoroughly enjoys exercise, often active inside or out)  
 Rating: \_\_\_\_\_

Where does your companion spend most of the time?  Indoors  Outdoors

Please describe the type of work or exercise (if any) your companion does on average per week:

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### Household and Feeding Management

Please describe any care not provided by the primary owner. (Day care, dog walker, boarding, etc.):

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Who currently feeds your companion? \_\_\_\_\_

Number of family members at home: Adults \_\_\_\_\_ Children \_\_\_\_\_

Where is your companion fed? (Laundry room, kitchen, etc.): \_\_\_\_\_

Are there other animals in the household?  Yes  No

If yes, please include their names and species: \_\_\_\_\_

Does your companion have access to other companion food?  Yes  No

Is your companion fed from the same bowl as other companions in the house?  Yes  No

Does your companion ever gain access to the trash?  Yes  No

Has your companion experienced any:  Weight Gain  Weight Loss

Over what period of time has your companion gained or lost weight? \_\_\_\_\_

How would you describe your companion's weight?  Overweight  Ideal Weight  Underweight

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## Ingredient Preferences for Homemade Diets (Inclusive for Adverse Food Reactions)

(option for “not applicable” that will hide this chart)

This section MUST be completed if a Home-Prepared Diet Formulation is requested or required.

Please select protein and carbohydrate preferences (examples are provided below). Diet recipes are typically formulated using one protein and one carbohydrate (in addition to other **essential** nutrient supplements). Any special ingredient requests or combinations can be discussed with the Nutritionist prior to the final formulation.

*Note: If the recipe is necessary for management of an adverse food reaction or allergy, please indicate which ingredients (if any) are known to be well-tolerated by your companion.*

Primary Protein Ingredients	Primary Carbohydrates Ingredients
<input type="checkbox"/> Beef	<input type="checkbox"/> White rice
<input type="checkbox"/> Pork	<input type="checkbox"/> Brown rice
<input type="checkbox"/> Chicken	<input type="checkbox"/> Barley
<input type="checkbox"/> Turkey	<input type="checkbox"/> Oat meal (rolled oats)
<input type="checkbox"/> Lamb	<input type="checkbox"/> White potato
<input type="checkbox"/> Cottage cheese	<input type="checkbox"/> Sweet potato
<input type="checkbox"/> Eggs (chicken)	<input type="checkbox"/> Polenta (ground corn)
<input type="checkbox"/> Tofu	<input type="checkbox"/> Macaroni pasta (wheat based)
<input type="checkbox"/> Salmon	<input type="checkbox"/> Quinoa
<input type="checkbox"/> Tilapia	<input type="checkbox"/> Tapioca
<input type="checkbox"/> Tuna	<input type="checkbox"/> Millet
<input type="checkbox"/> Other:	<input type="checkbox"/> Green peas
	<input type="checkbox"/> Other

Known food allergies/sensitivities: \_\_\_\_\_

Please list any in ingredients you prefer to avoid: \_\_\_\_\_

## Acknowledgment and Consent

I hereby confirm that I am over the age of 18 and I acknowledge that the information I've provided above is true and complete to the best of my knowledge.

I understand that my nutrition consultation will include the doctor's review of my companion's medical records as provided by my referring veterinarian and any other veterinary facilities that provide it, a thorough discussion of my companion's case and any recommended treatment options and estimates for potential costs. I understand that the appointment may be in-person or by telemedicine, and payment for services is due before the service will be provided, including but not limited to any fees for appointment, diet plans, evaluations, etc.

Full name: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for completing this form and for choosing Central Toronto Veterinary Referral  
Clinic for your companion's healthcare.**