

**OUR SERVICES**

|                    |                   |               |
|--------------------|-------------------|---------------|
| Cardiology         | Internal Medicine | Ophthalmology |
| Clinical Nutrition | Neurology         | Surgery       |
| Critical Care      | & Neurosurgery    |               |
| Emergency Medicine | Oncology          |               |

## **Nutrition Consultation Request Form**

Please return to [nutrition.irvine@bluepearlvet.com](mailto:nutrition.irvine@bluepearlvet.com)

Date of Request: \_\_\_\_\_

### **Contact information for referring DVM**

Name: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Fax number \_\_\_\_\_  
 Best method and day/time to contact \_\_\_\_\_

### **Contact information for owner/client**

Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Best method and day/time to contact \_\_\_\_\_

### **\*\*To be completed by referring veterinarian:**

Pet's Name \_\_\_\_\_ Species/Breed \_\_\_\_\_ DOB: \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/Neutered? \_\_ Yes \_\_ No

Body weight \_\_\_\_\_ lb. OR \_\_\_\_\_ kg Ideal body weight \_\_\_\_\_ lb. \_\_\_\_\_ kg

Body condition score (1-9) \_\_\_\_ (1= emaciated, 5= ideal, 9 =obese)

Muscle condition score \_\_\_\_ Normal \_\_\_\_ Mild loss \_\_\_\_ Moderate loss \_\_\_\_ Severe loss

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### **\*\*To be completed by owner:**

**1. What are your specific goals for a nutrition consultation?**

- Recommend commercial diet
- Formulate home-prepared diet
- Balance home diet (please attach recipe)
- Weight Loss Plan

**Other (please state):**

2. Pet's current appetite: \_\_ Good \_\_ Moderate \_\_ Intermittently Poor \_\_ Poor

3. Description of eating behavior: \_\_ Nibbles \_\_ Wolfs it down \_\_ Leaves and comes back \_\_ Other (describe):

4. Current level of activity: \_\_ Very high \_\_ High \_\_ Moderate \_\_ Low \_\_ Very low

5. Describe your pet's daily activity (type, duration, frequency):



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6. Is your pet housed:  Indoor  Outdoor  Both

7. Do you have other pets?  Yes  No    If yes, please list (species and number):

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8. Is your pet on a flea, tick, and/or heartworm preventative?  Yes  No    If yes, which one(s)?

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9. Please list all medications your pet current is receiving. Please list drug name, dosage, frequency, and method of administration. For example, *Prednisone 1mg twice a day.*

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10. What food items are used to administer medications (if used) and how much? (e.g. 1 teaspoon, 1 tablespoon, 20 grams)

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11. Please list all dietary supplements given to your pet (brand name, dosage, frequency, and method of administration). (e.g. *Nordic Naturals Omega 3 Pet liquid 1ml once a day on top of food.*)

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12. Current Diet: Please list all commercial pet food or human food your pet receives. Please be as specific as possible. If feeding a homemade diet, please list each ingredient separately. Examples are listed below.

| <i>Brand or food</i>  | <i>Specific Formulation or ingredient</i>         | <i>Amount per meal*</i> | <i>Meal Frequency</i> | <i>Fed since</i>  |
|-----------------------|---|-------------------------|-----------------------|-------------------|
| <i>Purina Beneful</i> | <i>Incredibites with Real Beef kibble</i>         | <i>1 cup/meal</i>       | <i>3 meals/day</i>    | <i>2016</i>       |
| <i>Ground turkey</i>  | <i>85% lean, pan-browned without oil, drained</i> | <i>3 oz (85 grams)</i>  | <i>Once weekly</i>    | <i>01/01/2020</i> |
|                       |   |                         |                       |                   |
|                       |   |                         |                       |                   |
|                       |   |                         |                       |                   |
|                       |   |                         |                       |                   |
|                       |   |                         |                       |                   |

\*If fed by volume, what size measuring device is used? \_\_\_\_\_

\*If not, what measuring device is used? \_\_\_\_\_

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13. Treats and chews: Please list all treats and chews given to your pet. This includes human food items, dental chews, rawhides, Nylabones, toothpaste to brush teeth, etc. **Please list the quantity given on a daily basis.**

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14. Past Diets: Please fill out the following table to include diets your pet has been on in the past.

| <i>Brand or food</i> | <i>Specific Formulation or ingredient</i> | <i>Amount per meal*</i> | <i>Meal Frequency</i> | <i>Fed since</i> |
|----------------------|---|-------------------------|-----------------------|------------------|
|                      |   |                         |                       |                  |
|                      |   |                         |                       |                  |
|                      |   |                         |                       |                  |
|                      |   |                         |                       |                  |

15. Does your pet ever get unintentional food items like another pet’s diet, trash, table scraps, or a family member or friend who gives your pet food? If yes, please describe:

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16. List all food/ingredient allergies or sensitivities, including any diets or products that are **not** tolerated:

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17. If home-prepared diet requested, please check all foods that are acceptable to both owner and pet (e. g., palatable, tolerated, available). Select at least one protein (left two columns) and one carbohydrate (right two columns):

- |   |                                     |   |   |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> Chicken        | <input type="checkbox"/> Salmon     | <input type="checkbox"/> Rice, white or brown | <input type="checkbox"/> Pasta/spaghetti  |
| <input type="checkbox"/> Turkey         | <input type="checkbox"/> Lamb       | <input type="checkbox"/> Peas, green          | <input type="checkbox"/> Baby rice cereal |
| <input type="checkbox"/> Egg            | <input type="checkbox"/> White fish | <input type="checkbox"/> Oats                 | <input type="checkbox"/> Barley           |
| <input type="checkbox"/> Beef, ground   | <input type="checkbox"/> Venison    | <input type="checkbox"/> Potato, white        | <input type="checkbox"/> Corn, corn meal  |
| <input type="checkbox"/> Beef, other    | <input type="checkbox"/> Shrimp     | <input type="checkbox"/> Potato, sweet        | <input type="checkbox"/> Millet           |
| <input type="checkbox"/> Cottage cheese | <input type="checkbox"/> Tofu       | <input type="checkbox"/> Quinoa               | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Pork           | <input type="checkbox"/> Lentils    | <input type="checkbox"/> Tapioca              |   |

18. If a dietary elimination trial is requested, please list which food items from question #17 that your pet has **never** consumed before (in their commercial diet or individually):

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19. If a home-prepared diet is requested, please write the desired number of meals per day:

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20. Please list the number of days you wish to batch prepare the recipe:

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## **Pricing List**

### **Nutrition Appointment Fees (per pet)**

- Direct in-person consultation with client and pet. Cost of appointment = \$350 (per pet).
- Direct phone consultation with client. All phone calls are made by Dr. Kurzbard and are done in Pacific Standard Time. Cost of appointment = \$290 (per pet).
  - If one home cooked diet, or both one home cooked diet and commercial recommendations are requested or heavy follow-up is needed, the consult fee will be closer to \$400 (per pet).
- Rechecks are \$150.
  - Any major changes or requests after 3 months will require a recheck.
- Diet modification or changes will incur a fee of \$116.

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**Please read and sign below:**

I, (the client) understand that:

- The personalized recipes provided by Dr. Kurzbard are formulated using a) the information provided above and b) all available/ provided medical records.
  - o It is the responsibility of the client to inform Dr. Kurzbard and the BluePearl team if the patient/pet is being treated by multiple veterinary practices. The Nutrition Service will obtain medical records from all known veterinary hospitals.
  - o If any part of this form is left blank, the information is open to Dr. Kurzbard's interpretation.
  - o Our veterinarian-client relationship is built through your relationship between you and your vet. We cannot make medical recommendations and are strictly making diet recommendations based on rDVM records.
- For home cooked diets
  - o Each recipe **WILL** include a vitamin/ mineral supplement- this is essential to creating a complete and balanced diet.
  - o Our service primarily uses BalanceIT products- these supplements are formulated specifically for companion animals and are made in the USA in a human-grade facility. No affiliation with our service
  - o If you do not want a powdered supplement, human supplements can be used.
  - o **Due to the increased time associated with formulation, the use of human supplements incurs additional fee of \$100.**
  - o **Please check this box if you would elect to use human supplements:**
  - o Additional supplements *may* be recommended based on my pet's disease state(s).
- **There is no guarantee that my pet will eat the provided recipes.**
  - o If your pet is not eating the recommended diets, please contact us as additional recommendations may be available.
  - o Please note, depending on the time needed to make adjustments, fees may apply.
- I agree to, and understand, the estimated turnaround time (approximately 10-14 business days).
  - o Please note, these times are extended when Dr. Kurzbard is travelling or out of the office.
  - o If you feel your pet cannot wait the estimated time, **if we are able to accommodate**, expediting may be requested and would incur an additional fee of \$116.
- I will contact Dr. Kurzbard in a timely manner if there is any question or concern that my pet is not tolerating the diet changes.
- **I have read, and I agree to, and understand, the fees associated with this service and agree to pay for as noted on the Pricing List.**

X

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**Client Signature**

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**Date of signature**