



8 Fairview Avenue

Little Silver, NJ

To Make a Nutritional Consultation Appointment

Call: 732-747-9744

GENERAL NUTRITIONAL CONSULTATION FORM

This form is to be printed, filled out & brought with you on the day of your nutritional consultation at our Little Silver location.

Today's Date: _____

Owner's Name: _____

Address: _____ City: _____

Cell: _____ Email: _____

Best Way To Reach You: _____ How Did You Find Out About Our Service? _____

PET INFORMATION

Pet's Name: _____ Breed: _____ Age: _____

Where Did You Get the Pet? Show Breeder Backyard (Hobby) Breeder Pet Rescue Pet Store
 Given To Me Online/Craigslist Found & Never Reclaimed

How Long Have You Had This Pet? _____ months / years

What Health Issues Are You Experiencing Which Brings You To Us?

- Chronic Skin Issues (rashes / scabs / dryness / itchiness / bumps / yeast)
- Food Allergies (If you had a food allergy test done, please bring paperwork with you).
- Digestive Issues (sensitive stomach / throwing up "bile" / excessive gas / loose stools)
- Overweight / Underweight Issue
- Stones / Crystals
- Diabetes
- Pancreatitis
- Liver Issues
- Itchy/Watery Eyes/Seasonal Allergies
- Excessive Shedding / Hair Loss
- Excessive Staining Around Eyes, Mouth, Paws
- Chronic Ear Infections – Yeasty
- Constant "Doggie Odor"
- Auto Immune Disorder
- Other: _____

How Long Has The Pet Been Suffering With Condition? _____ Weeks Months Years

What Remedies Have You Tried That Did Not Work? _____

Has Your Pet Ever Been On Heavy Doses of Antibiotics or De-wormers? _____

If So, When? _____

Did You Counteract with a Pro / Prebiotic During the Course of the Antibiotic / DeWormer? _____

Is Your Pet Currently on ANY medications? _____ If so, what? _____

FEEDING HISTORY

How Many Times Do You Feed Your Dog Daily? _____ When: _____

How Do You Feed Your Dog Daily?

- All Dry – Nothing else added
- Dry with little warm water added
- 90-95% dry mixed with little canned/cooked food
- 80-85% dry mixed with canned/cooked food
- 70-75% dry mixed with canned/cooked food
- 50% dry mixed with 50% wet/cooked food
- Other: _____

Do you add any supplements to the dog's meals daily? _____

If yes, what kind? _____

Do you feed your dog any types of snacks throughout the day? _____

If yes, what brand? _____

Current brand of DRY dog food used: _____ Formula/Protein: _____

How long has your dog been on this food for? _____ Weeks Months Years

Do you rotate the proteins or stick to the same one? _____

Current brand of CANNED dog food used (if applicable): _____ Protein: _____

How long have you been using this food? _____ Weeks Months Years

Home Cooked Toppers Used (if any): _____

Previous brand of DRY dog food used: _____ Formula/Protein: _____

How long was your dog on this brand of food for? _____ Weeks Months Years

Did you rotate the proteins or stick to the same one? _____

Previous brand of CANNED dog food used (if applicable): _____ Protein: _____

How long did you use this brand? _____ Weeks Months Years

Home Cooked Toppers Used (if any): _____

Anything else you would like to share with us? _____