



Questionnaire for Nutrition Consultation

Your personal details (please use block letters):

Last name: _____
 First name: _____
 Street address: _____
 Postal code, city: _____
 Phone: _____
 Fax: _____
 Cell: _____
 E-mail: _____

Referring veterinarian _____

Type of animal:

Dog Cat

Name of animal: _____

Breed: _____

Age: _____ years

Date of birth: _____

Sex: Female Male

Neutered: Yes No

Current weight: _____ kg

Estimated ideal weight: _____ kg

For puppies: _____ kg Weight of parents: _____ kg (father), _____ kg (mother)

Reason for consultation: Dietary clinical consultation Diet check

Type of illness: _____

(If the animal is ill, please enclose the preliminary report of the responsible veterinarian including laboratory results and details of treatment)

Symptoms: _____

Since when: _____

Further problems: _____

Medication: _____

Activity level of animal:

Very active Normal Very passive / long periods of lying down



Does the animal spend unsupervised periods outdoors? Yes No
Does the animal have uncontrolled access to food? Yes No

Feeding:

How many meals per day? _____

Who gives the food? _____

What food is given? _____

Ready-made food, brand: (please attach composition label)

Self-prepared/Self-cooked (Which ingredients are used?)

Has the food been changed? Yes, on _____ No

Did the change of food lead to an improvement?

Yes, significantly Somewhat No, no change No, deteriorated

Should you suspect a food intolerance or allergy, please detail exactly what type of foods (brand and variety of commercial food, or food ingredients such as meat, grains, vegetables, etc.) and how these affected your animal.

Please weigh the food components of the current food allowance (in grams per day):

Dry food: _____ Canned food: _____
Brand: _____ g/day Brand: _____ g/day

Brand: _____ g/day Brand: _____ g/day

Self-prepared/Self-cooked (please enclose weekly plan):

Meat, gross weight: Chicken Beef Pork Lamb Fish Other:
_____ g/day

Pasta, raw weight: Egg pasta Whole grain Other:
_____ g/day

Rice, raw weight: White rice Wholemeal rice Other:
_____ g/day

Potatoes, cooked weight: _____ g/day



Vegetables, raw weight: _____ g/day
 _____ g/day
 _____ g/day
 _____ g/day

Oils: _____ g/day
 _____ g/day

Other ingredients: _____ g/day
 _____ g/day
 _____ g/day
 _____ g/day
 _____ g/day
 _____ g/day

Rewards, treats, chewing products given (please enclose composition label)

_____ g/day	Product name: _____
_____ g/day	Product name: _____
_____ g/day	Product name: _____
_____ g/day	Product name: _____

Supplements given (mineral and vitamin supplement – please enclose composition label):

_____ g/day	Product name: _____
_____ g/day	Product name: _____

I hereby assign you the mandate for a nutrition consultation and agree that the related costs will be charged to me:

Place, date

Signature

Please return the completed questionnaire by post to:
Vetsuisse Faculty, University of Zurich, Institute of Animal Nutrition, Winterthurerstrasse 270, 8057 Zurich