



## Questionnaire for Nutrition Consultation for Cats and Dogs

**Personal data of the client (owner of the animal, veterinary practice), please fill in 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

\_\_\_\_\_ 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: _____

**Use of animal patient data in research and teaching**

The client agrees that the Vetsuisse Faculty may use the animal patient data for teaching purposes (training and further education in the field of veterinary medicine) and for research. Only the data of the animal are used, but not the data of the animal owner. A refusal of consent or a later revocation has no influence on the advice for the animal.

I agree to the further use of my animal's patient data for teaching and research purposes:

I agree                       I disagree

**Costs and invoicing**

The client hereby commissions the Institute of Animal Nutrition and Dietetics to provide nutritional advice. He/she acknowledges that he/she is the debtor of the consulting costs to the Vetsuisse Faculty. The client hereby confirms that he or she has been informed about the costs that are likely to be incurred.

_____	_____
Place, date	Signature

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