



JAMES L. VOSS  
VETERINARY TEACHING HOSPITAL  
COLORADO STATE UNIVERSITY

Clinical Veterinary Nutrition  
Medical History Form

*To be completed by the primary care veterinarian/referring veterinarian*

Please complete and return to [VetClinicalNutrition@colostate.edu](mailto:VetClinicalNutrition@colostate.edu)

Veterinarian Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Do we have permission to contact the client directly? \_\_\_\_\_

**Pet Information**

Owner Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_ Dog/cat/other: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_ Intact/neutered: \_\_\_\_\_

Weight: \_\_\_\_\_ Date weighed: \_\_\_\_\_

Muscle Condition Score (normal, mild/moderate/severe muscle loss): \_\_\_\_\_

Body condition score (1-9)\*: \_\_\_\_\_

\*Body condition score between 4-5 (out of 9) is considered ideal

Please describe the clinical history of the case and the reason for the nutritional consultation:

How would you describe the pet's appetite?

Is the pet receiving any medications currently? (Please provide dosage)

Has the pet's weight been stable over the past six months?

Is the pet suffering from any gastrointestinal signs?

Would you prefer a home-prepared diet formulation or a commercial diet recommendation (if available)?