

Nutrition Service
Formulated Diet Consultation
DVM Request



We work directly with veterinarians, as it is illegal for us to consult directly with a pet owner whose animal we cannot personally examine. Once the completed form is received, the turnaround time for a consultation will be about 2 weeks.

The referring veterinarian determines client fees and payment policies for this consultation. The referring veterinarian is responsible for payment to the BluePearl nutrition service. Minor adjustments to homemade diet plans (i.e. one to two ingredients) within one month of the initial formulation are provided at no additional charge.

Please contact us at nutrition.ga@bluepearlvet.com or 404.459.0903 with any questions.

Thank you for this consultation,
Susan G. Wynn, DVM
Vera Wenzel, RVT, Nutrition Service Technician

Please make sure each of the following accompany your request for a formulated diet:

- 1. Part 1, "Formulated Diet Consultation Request" completed by veterinarian
- 2. All pertinent laboratory reports for 1-2 years. We strongly recommend that a biochemical profile and urinalysis from within the last year be submitted for healthy animals over the age of 7 years. We require at least these tests for animals with medical problems.
- 3. For parenteral nutrition in a hospitalized patient, please skip Part 2 (pages 3-5 of this form).
- 4. For homemade diets/analysis or alternative outpatient feeding plans, please have your client fill out Part 2.

Please return the completed form by fax, e-mail or mail to

Email: nutrition.ga@bluepearlvet.com	Mail: Susan G. Wynn, DVM
Fax: 404.459.6462	BluePearl – Georgia Veterinary Specialists
	455 Abernathy Road NE
	Sandy Springs GA 30328

PART 1: Veterinarian to Complete

VETERINARIAN'S CONTACT INFORMATION

Today's Date _____ DVM Name _____
Hospital _____ Email _____
Street Address _____ City, State _____ Zip _____
Phone _____ Fax _____

REASON FOR REQUEST

- Hospitalized patient needs parenteral or enteral feeding plan.
- Pet won't eat recommended diet and needs commercial or homemade alternative.
- Analyze and balance current homemade diet.
- Provide recommended homemade diet.
- Other:

SANDY SPRINGS
455 Abernathy Rd NE
Sandy Springs GA 30328
Phone 404.459.0903
Fax 404.459.6462

GWINNETT
1956 Lawrenceville-Suwanee Rd
Lawrenceville GA 30043
Phone 770.277.8600
Fax 770.277.8694

bluepearlvet.com

CLIENT & PATIENT INFORMATION

Client Name _____ Pet Name _____

MEDICAL HISTORY

Species: Canine Feline Breed _____ Age _____

Sex (please check one): M MC F FS Body Condition Score on 9-point Scale _____

Body Weight: Current _____ LBS KGS Ideal Weight _____ LBS KGS

Muscle Condition Score: normal muscle mass mild muscle loss moderate muscle loss severe muscle loss

Current Medical Problems: _____

Previous Medical Problems: _____

Known food allergies: _____

Current medications/supplements and doses recommended by you: _____

SANDY SPRINGS
455 Abernathy Rd NE
Sandy Springs GA 30328
Phone 404.459.0903
Fax 404.459.6462

GWINNETT
1956 Lawrenceville-Suwanee Rd
Lawrenceville GA 30043
Phone 770.277.8600
Fax 770.277.8694

PART 2: Pet Owner to Complete

PLEASE NOTE: Do not complete Part 2 if this pet is currently hospitalized.

SECTION 1: CURRENT DIET, DRUGS AND SUPPLEMENTS: Please describe your pet’s current diet in detail.

Does your pet have a good appetite? Typically: YES NO

Currently: YES NO

Brand(s) and name(s) of food	TOTAL amount fed every day — not just at each meal
Dry kibble	Number of cups per day _____
Canned	Number of cans _____
	Size of can, in ounces _____
“People food”	Number of cups per day _____
Meats (please list which ones and whether raw or cooked)	Number of cups per day _____
Starches (pasta, potato, rice, bread, etc. — please list each)	Number of cups per day _____
Vegetables and fruits (please list each)	Number of cups per day _____
Dairy (please describe)	Number of cups per day _____
Other	Number of cups per day _____
Other treats (such as dog biscuits, cat treats, rawhides, pigs ears or other chews, catnip — please list each and HOW MANY fed daily)	

What size cup is used to measure dry food? _____

Please list food brands that you remember having fed in the past.

Are there other animals in the household? If so, please describe species and number, such as two cats, one other dog, one free-roaming rabbit, etc.

Are these animals fed together?

Is the food left out after meals or taken away?

SANDY SPRINGS
 455 Abernathy Rd NE
 Sandy Springs GA 30328
 Phone 404.459.0903
 Fax 404.459.6462

GWINNETT
 1956 Lawrenceville-Suwanee Rd
 Lawrenceville GA 30043
 Phone 770.277.8600
 Fax 770.277.8694

bluepearlvvet.com

How is the food stored, such as dry food is left in the bags or is poured into a bin; canned foods are refrigerated after opened, etc.?

Does your pet have access to other foods you may not be monitoring, such as a neighbor who is offering food, kids in the house or neighborhood giving treats or leftovers, food left for outdoor cats, etc.?

Is your pet indoors, outdoors, or both? Please describe how much time is spent indoors and outdoors, for example, 100% indoors; out during the day and in at night; or just goes out with me on walks, etc.

What kind of exercise does your pet receive and for how long each day, such as a 15-minute walk twice daily; ball throwing for a half hour daily; playing with laser pointer for 10 minutes daily; etc.?

What **supplements** is your pet being given? Please include all vitamins, fatty acids, glucosamine, other nutraceuticals and herbs. Do not list DRUGS here –that is for the next table.

Supplement or herb name	Dose given	Number of times daily

What **drugs** is your pet being given? Please include all that you get from your veterinarian AND over-the-counter from drug stores

Drug name	Dose given	Number of times daily

SANDY SPRINGS
455 Abernathy Rd NE
Sandy Springs GA 30328
Phone 404.459.0903
Fax 404.459.6462

GWINNETT
1956 Lawrenceville-Suwanee Rd
Lawrenceville GA 30043
Phone 770.277.8600
Fax 770.277.8694

bluepearlveter.com

SECTION 2: HOMEMADE DIET PREFERENCES: Please skip this section if you are not interested in a homemade diet.

INGREDIENT PREFERENCES

Choose one or more proteins

- Beef
- Chicken
- Chickpeas
- Egg
- Lamb
- Mackerel
- Pork
- Salmon
- Tilapia/whitefish
- Tofu
- Turkey
- Tuna
- Other – please list

Choose one or more carbohydrates

- Amaranth
- Barley
- Brown rice
- Corn
- Green peas
- Lentils or peas
- Millet
- Oatmeal
- Pasta
- Polenta/Grits
- Quinoa
- Sweet Potato
- Tapioca
- White Potato
- White rice
- Other – please list

Choose veggies (optional)

- Bell pepper
- Broccoli
- Carrots
- Cauliflower
- Green beans
- Spinach
- Summer squash (yellow, zucchini)
- Winter squash (acorn, spaghetti)
- Zucchini
- Other – please list

Please mark your preference for either #1 or #2, (not both) as to what type of cooking you want to do for your pet. If it is possible to accommodate a more varied diet, we will do so:

- #1: One simple recipe with as few ingredients as possible
- #2: A recipe that may have more ingredients to provide a wider spectrum of whole food nutrition

We can often (but not always) offer a choice of vitamin-mineral supplements to fit the owner’s preferences for convenience or ingredients. If we are able to offer a choice, please mark your preference for either #1, #2 or #3:

- #1: An all-in-one powder (such as Balance It® brand offers, for example): This saves you from having to purchase multiple products and crush them before mixing.
- #2: Other. Please note that common pet multivitamins usually cannot be used due to the large number required per day. Human multivitamins are likewise not recommended as they require a large number of supplements to balance the recipe. Checking this box will result in significant cost increases due to the time required to research and formulate using these supplements.

My preferred vitamin/mineral supplement: _____

GOALS: Please tell us the goals of this consultation – what would you like to accomplish?
