

## Anamnesis dogs and cats

Mr.  Mrs.  Ms.

Title \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

Street address \_\_\_\_\_

Postcode, City \_\_\_\_\_

Country (if not Germany) \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### Animal information

Dog  Cat

Name \_\_\_\_\_

Breed \_\_\_\_\_

Age or date of birth \_\_\_\_\_

Gender:  male  female

Neutered:  yes  no

Body weight \_\_\_\_\_

Estimated normal body weight or adult body weight (*for animals which are under- or overweight or still in growth*) \_\_\_\_\_

Body condition:

very thin  thin  normal  obese  severely obese

Did your veterinarian refer you to the nutrition consultation service?

Yes (Please add the name and address of your vet. I will inform her/him about my recommendations.) \_\_\_\_\_

No

My animal is:  healthy  sick

If your dog/cat is sick (Please describe the problem or mention the diagnosis and possibly prescribed medications. If on hand, please add the blood counts/clinical reports. \_\_\_\_\_

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Feed intake (appetite):  poor  normal  large  very large

Defecation:  seldom  normal  often  don't know

Amount of faeces:  small  normal  large  don't know

Faecal consistency:  watery  soft and unformed  normal  hard  don't know

Current feeding routine (Please describe as detailed as possible, e.g. used components, daily feed amount, number of meals per day, treats.) \_\_\_\_\_

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Which type of consultation do you wish to receive? *(Please chose between "Validation and adjustment of the present daily ration" and "New calculation of daily rations".)*

- Validation and adjustment of the present daily ration *(Please provide detailed information regarding the daily feeding routine in the field above.)*

- Adult and healthy animal
- Growing animal
- Breeding animal (lactation, gestation)
- Diet for specific aliment

**and**

- Commercial complete feed *(Please attach the declaration of the feed.)*
- BARF ration
- Home-made cooked diet

- New calculation of daily rations

- Adult and healthy animal
- Growing animal
- Breeding animal (lactation, gestation)
- Diet for specific aliment

**and**

- BARF ration
- Home-made cooked diet

- Personal consultation

- Please contact me for the arrangement of an appointment.
- I am informed that this is a fee-based service and I agree with the resulting costs.
- I've read and understood the Privacy Policy and agree with that.

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(Date, Signature)