

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 over- weight 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: \Box healthy \Box 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.

Feed intake (appetite): \Box poor \Box normal \Box large \Box 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.)

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 including a comprehensive report (*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
- \Box Home-made cooked diet
- New calculation of daily rations including a comprehensive report
 - □ 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.

(Date, Signature)