Nutritional Assessment Checklist

To be completed by the pet owner. Please answer the following questions about your pet:

Pet's name: ____________________  Species/breed: ____________________  Age: ____________________

Owner's name: ____________________  Date form completed: ____________________

1. How active is your pet?  
   - Very active [ ]  
   - Moderately active [ ]  
   - Not very active [ ]

2. How would you describe your pet's weight?  
   - Overweight [ ]  
   - Ideal weight [ ]  
   - Underweight [ ]

3. Where does your pet spend most of the time?  
   - Indoor [ ]  
   - Outdoor [ ]  
   - Indoor & Outdoor [ ]

Please list below the brands and product names (if applicable) and amounts of ALL foods, treats, snacks, dental hygiene products, rawhides and any other foods that your pet is currently eating, including foods used to administer medications:

<table>
<thead>
<tr>
<th>Food</th>
<th>Form</th>
<th>*Amount</th>
<th>Number</th>
<th>Fed since</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purina Cat Chow</td>
<td>dry</td>
<td>½ cup</td>
<td>2x/day</td>
<td>Jan 2010</td>
</tr>
<tr>
<td>90% lean hamburger</td>
<td>pan-fried</td>
<td>3 oz (85 grams)</td>
<td>1x/week</td>
<td>May 2011</td>
</tr>
<tr>
<td>Milk Bone medium</td>
<td>dry</td>
<td>2</td>
<td>3/day</td>
<td>Aug 2012</td>
</tr>
<tr>
<td>Greenies Salmon Dental</td>
<td>treat</td>
<td>2</td>
<td>daily</td>
<td>Jan 2013</td>
</tr>
</tbody>
</table>

*If you feed by volume, what size measuring device do you use? ____________________
*If you feed tinned/canned food, what size tins/cans? ____________________

4. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)?  
   - No [ ]  
   - Yes [ ]

If yes, please list brands and amounts:_________________________________________________________________

To be completed by the health care team:

Has the diet history form been reviewed?  
   - No [ ]  
   - If not, please review the diet history form
   - Yes [ ]  
   - If yes, please continue:

Current body weight: ____________________  Ideal body weight: ____________________

Current body condition score* _____/9   or ____/5  *Refer to the body condition scoring chart

Muscle Condition Score: normal [ ]  mild wasting [ ]  moderate wasting [ ]  severe wasting [ ]

Screening evaluation checklist  
Pets that are healthy and without risk factors need no additional extended evaluation

**Nutritional screening risk factors (extended evaluation is OPTIONAL)**  
Check ✓ if present:

- Extremely low or high activity level
- Multiple pets in a household
- Gestation
- Lactation
- Growth period
- Age of >7 years

**Nutritional screening risk factors (extended evaluation is MANDATORY)**

- History of altered gastrointestinal function (e.g., vomiting, diarrhea, nausea, flatulence, constipation)
- Current receiving medications and/or dietary supplements
- Unconventional diet (e.g., raw, homemade, vegetarian, unfamiliar)
- Snacks, treats, table food > 10% of total calories
- Inadequate or inappropriate housing

**Physical examination**

- Body condition score less than 4 or greater than 5 (on 9-pt scale)
- Muscle condition score: Mild, moderate, or severe muscle wasting
- Unexplained weight change
- Dental abnormalities or disease
- Poor skin or hair coat
- New medical conditions / disease

NO CHECKED ITEM(S) ON THIS PAGE?  The Nutritional Assessment is complete
CHECKED ITEM(S) ON THIS PAGE?  Continue on the next page
## Extended evaluation checklist

### Changes in food intake or behavior
- **Amount eaten:**
  - increased
  - decreased
- **Chewing:**
  - normal
  - abnormal
- **Swallowing:**
  - normal
  - abnormal
- **Nausea:**
  - yes
  - no
- **Vomiting:**
  - yes
  - no
- **Regurgitation:**
  - yes
  - no

### Condition of the integument
- **Easily-plucked hair:**
  - yes
  - no
- **Thin skin:**
  - yes
  - no
- **Dry or scaly skin:**
  - yes
  - no

### Abnormalities in serum chemistry profile
- **Glucose:**
  - low
  - normal
  - high
- **Albumin:**
  - low
  - normal
  - high
- **Total protein:**
  - low
  - normal
  - high
- **Electrolytes:**
  - low
  - high
- **Urea:**
  - low
  - normal
  - high
- **Creatinine:**
  - low
  - normal
  - high
- **Total T4:**
  - low
  - normal
  - high

### Abnormalities in complete blood count
- **Anemia:**
  - yes
  - no
- **Lymphopenia:**
  - yes
  - no

Other

### Abnormalities on fecal flotation / smear / culture:

### Abnormalities on urinalysis:

### Abnormalities on other diagnostic tests:

### Provide the following recommendation(s):

**Change in the caloric intake recommended?**
- No
- Yes

If yes, calculate:
- Current caloric intake**
  - **kcal** or **kJ/day**
- Recommended caloric intake***
  - **kcal** or **kJ/day**

**Refer to information obtained from the diet history form.
*** Refer to the calorie requirement form.

**Change in the diet recommended?**
- No
- Yes

If yes, describe:
- New diet recommended

**Change is the feeding management recommended?**
- No
- Yes

If yes, describe:
- Amount per serving ____________________ cups ____________________ cans ____________________ grams
- Number of servings per day ____________________
- Treat(s) (if applicable): amount(s) and number(s) per day ____________________

Be sure to specifically discuss table foods, supplements, and medication administration with the owner.

**Change of environmental factors recommended?**
- No
- Yes

Describe:

**Recommendations for monitoring given to the client?**
- No
- Yes

If yes, please describe:

**Did client purchase the recommended food?**
- No
- Yes

**Educational information or tools dispensed?**
- No
- Yes