



# Veterinary Consultation Form

Email a copy to:  
**865.577.0233** (fax mail box) or  
**865.577.8892** (direct to a fax machine)

**Referring Veterinarian Information:**

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

Hospital Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

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

**Patient Information:**

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

Species: \_\_\_\_\_

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

Age: \_\_\_\_\_

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

Weight: \_\_\_\_\_

Body Condition Score (9 point scale):

\_\_\_\_\_

**Patient Medical History (please include all medications and copies of relevant lab work – fax or email):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any concurrent medical conditions:**

\_\_\_\_\_

**Patient Dietary History: (For commercial foods, please include brand, type, and form (canned/dry))**

**Primary diet:** \_\_\_\_\_

**Amount fed:** \_\_\_\_\_

**Other foods/treats/supplements:** \_\_\_\_\_

\_\_\_\_\_

**Recent dietary changes:** \_\_\_\_\_

\_\_\_\_\_

**Reason for nutrition consult request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Fax to: 865-577-0233**