



# Dierenziekenhuis Groningen

*Uw dier, onze zorg*

Vechtstraat 74 | 9725 CW Groningen | 050 5263255

Dear Sir/Madam,

Herewith I send you the questionnaire for the nutritional consultation of your dog or cat. I would like to ask you to fill out the list as extensively as possible. The more information I have the better I can tailor the nutrition plan to your situation and your animal.

If I have any questions for you as a result of this questionnaire I will contact you. If there are no uncertainties I will send you the nutrition plan by e-mail.

Do you have any further questions or comments? Please feel free to contact us.  
Thank you in advance for your time and effort.

**Drs. Anneke Verweij**  
**Dierenziekenhuis Groningen**



## Details owner

Name

Address

Country

Phone number

Email address

## Details dog/cat

Name

Breed

Date of birth

Sex

Neutered/spayed    ja    nee

Current weight

Ideal weight

Dog exercise

• amount per week

• sport or working dog

Cat living environment

inside

outside

What is your reason for this consultation (the main complaint/problem)?

Are there any other complaints/problems other than the main complaint **at this time**?

When did the complaints start?

Did they come all at once or develop slowly?

Are they getting worse, less bad or staying the same?

What has been done so far to try to resolve the complaints?

How would you describe your dog/cat's character?

Is your dog/cat currently receiving medication?

If so, which and in what dosage?

What is your dog/cat's current diet?

Describe the food you normally give in a week (amount/method of offering/time of day/etc.) Keep in mind that with this description, without further explanation from you, I should be able to feed your animal for a week, exactly as you do.

- The basic food (kibble/canned/raw/fresh)
- Snacks
- Chewables
- Other additives
- Food you use to give medication in
- Food supplements

| Brand | Kind - taste | How many portions per day | Time of day | How much per portion | Method of offering |
|-------|--------------|---------------------------|-------------|----------------------|--------------------|
|       |              |                           |             |                      |                    |
|       |              |                           |             |                      |                    |
|       |              |                           |             |                      |                    |

Has your dog/cat always had this food or was it different in the past?  
If so, describe what has changed.

How is the appetite?  
Is your dog/cat an easy eater or picky?

Can your dog/cat eat everything or is your dog sensitive to certain foods?  
If so, what foods and what do you notice when you do give those foods?

Does your dog/cat prefer certain foods?  
What does he/she like?

Are there any foods your dog/cat does not want to eat?

Do you prefer certain foods in the diet?  
What would you like to see in the nutrition plan?

Are there any foods you would rather not see in the diet?  
If so, why not?

Are there other things you think might be important?  
Or do you have any questions/comments?

Does your dog suffer from the following symptoms?

| Complaint                          | Never | Daily | Weekly | Monthly | Yearly | Comments |
|------------------------------------|-------|-------|--------|---------|--------|----------|
| <b>Vomiting</b>                    |       |       |        |         |        |          |
| <b>Diarrhea</b>                    |       |       |        |         |        |          |
| <b>Coughing</b>                    |       |       |        |         |        |          |
| <b>Sneezing</b>                    |       |       |        |         |        |          |
| <b>Lameness</b>                    |       |       |        |         |        |          |
| <b>Stiffness</b>                   |       |       |        |         |        |          |
| <b>Difficulty getting up</b>       |       |       |        |         |        |          |
| <b>Itching (biting/scratching)</b> |       |       |        |         |        |          |
| <b>Urinary incontinence</b>        |       |       |        |         |        |          |
| <b>Defecation incontinence</b>     |       |       |        |         |        |          |
| <b>Peeing problems</b>             |       |       |        |         |        |          |
| <b>Being restless</b>              |       |       |        |         |        |          |
| <b>Excessive panting</b>           |       |       |        |         |        |          |
| <b>Shortness of breath</b>         |       |       |        |         |        |          |
| <b>Seizures/epilepsy</b>           |       |       |        |         |        |          |
| <b>Pain symptoms</b>               |       |       |        |         |        |          |
| <b>Full anal glands</b>            |       |       |        |         |        |          |
| <b>Difficulty defecating</b>       |       |       |        |         |        |          |
| <b>Blood in the stool</b>          |       |       |        |         |        |          |
| <b>Mucus in the stool</b>          |       |       |        |         |        |          |
| <b>Fluctuating stools</b>          |       |       |        |         |        |          |