

EXTENDED NUTRITIONAL ASSESSMENT FORM

TO BE COMPLETED BY THE PET OWNER

OWNER'S NAME	:						DATE:				
PET'S NAME:					PET'S AGE:						
SPECIES:	DOG	CAT	OTHER	GENDER	R: M	F:	NEUTERE	ED:	ENTIRE:		
BREED:						WEIGH	T (if known):				
HOW MANY OTHER PETS ARE IN THE HOUSEHOLD? (Please select all that apply and state the number)											
DOG C	CAT	OTHER (ple	ease state)								
WHERE DOES YO INDOORS	OUR PET SPE		F ITS TIME? BOTH								
HOW ACTIVE IS V VERY ACTIVE (2hrs			ACTIVE (1-2hrs)	LESS ACTI	VE (30-45 mir	ns) Fr	AIRLY INAC	TIVE (less	than 30 mins)		
HOW WOULD YOU SCORE YOUR PET'S BODY CONDITION? (please refer to the PURINA® Body Condition Score Chart overleaf and tick the relevant score below)											
DOG 1-3	4-5	6-7	8-9	CAT	1-2	3-4	5	6-7	8-9		
HOW WOULD YO	DU DESCRIBE	E YOUR PET'	S WEIGHT?								
OVERWEIGHT	IDE/	AL.	UNDERWEIGHT								
HAVE THERE BEEN ANY CHANGES TO YOUR PET'S WEIGHT RECENTLY? YES NO (If yes, please state the changes and over what time period?)											
WHAT TYPE(S) OF PRODUCTS DO YOU CURRENTLY FEED? (Please tick all that apply and include any treats)											
DRY WET POUCH		СН	WET CAN	HOMEMADE – COOKED			HOMEMADE – RAW				
OTHER (please state)											
PLEASE LIST THE BRAND(S), PRODUCT NAME(S) AND AMOUNT(S) OF ALL FOOD FED, HOW OFTEN THESE FOODS ARE GIVEN AND HOW LONG YOU HAVE BEEN FEEDING THESE.											
FOOD (brand, product na	me)		AMOUNT	FREQUE	ENCY OF FEEDI	NG	WHEN YOU S	TARTED FEED	ING THIS FOOD		

WHAT TEXTUREOF FOOD(S) DOES YOUR PET PREFER?

GRAVY

(Please tick all that apply)

JELLY

DRY/CRUNCHY

CHUNKS

PATÉ

OTHER (please state)





ARE ROUTINE HEALTH TREATS GIVEN? (e.g. dental chews)	*YES	NO
DOES YOUR PET HAVE ANY MEDICATION WRAPPED/DISGUISED IN FOOD?	*YES	NO
DO YOU GIVE YOUR PET FOOD WHEN LEAVING THE HOUSE? (e.g. a kong, chew)	*YES	NO
DO YOU USE FOOD AS A TRAINING AID? (e.g. treats or kibble out of, or in addition to, their daily allowance)	*YES	NO
DO YOU GIVE ANY OTHER TREATS OR EXTRAS?	*YES	NO
ARE NUTRITIONAL SUPPLEMENTS FED? (e.g. glucosamine, fatty acids, vitamins)	*YES	NO
(*If yes to any of the above, please provide details including brand(s), product names and frequency of feeding)		

ON A SCALE OF 1-5, HOW IS YOUR PET'S APPETITE? (Where 1 is very poor and 5 is very good; please tick)									
1	2	3	4	5					
HAVE THERE BEEN ANY CHANGES TO YOUR PET'S APPETITE RECENTLY? (If yes, please state the changes and over what time period?)						YES	NO		
HAVE THERE BEEN ANY CHANGES TO YOUR PET'S TOILETING HABITS RECENTLY? (E.g. urinating more frequently. If yes, please state the changes and over what time period?)						YES	NO		
HOW WO	ULD YOU (CHARACTE	RISE YOUF	R PET'S STOC	DLS? (Plea	ase refer to the P	URINA® Faecal Scoring Chart	overleaf)	
1	2	3	4	5	6	7	Ĵ	·	
WHICH O	F THESE B	EST DESCR	BES YOU	R PET'S SKIN	CONDI	ΓΙΟΝ?			
NORMAL		DRY /SCAL	Y	CRUSTY		ITCHY	REDNESS		
HAVE YOU NOTICED ANY OF THE FOLLOWING CHANGES IN YOUR PET RECENTLY? (If yes, please provide details)									
	IN COAT C				JES IN 1	OURPEIR	ECENTLY ? (If yes, please	e provide details) YES	NO
DETAILS:									
EXCESSIVE MOULTING OR HAIR LOSS?						YES	NO		
DETAILS: LICKING/NIBBLING AREAS?						YES	NO		
DETAILS:									
ANY CHA	NGES IN D	RINKING?						YES	NO
DETAILS:									
ANY CHA	NGES IN U	RINATION?	2					YES	NO
DETAILS: ANY CHANGES IN BEHAVIOUR?						YES	NO		
DETAILS:									

ANY OTHER CHANGES?

PURINA® BODY CONDITION SCORE CHART

PROPLAN Veterinary diets

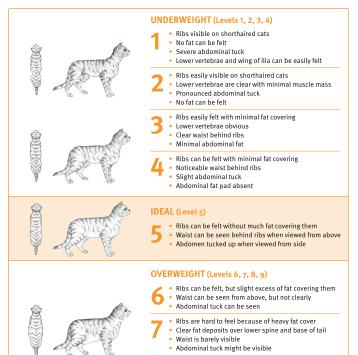
DOG



Massive fat deposits over thorax, spine and base of tail Waist and abdominal tuck absent Fat deposits on neck and limbs

Obvious abdominal distension

CAT



Ribs not palpable with excess fat covering Waist absent

Obvious rounding of abdomen with prominent abdominal fat pad
Fat deposits present over lumbar area

Ribs not palpable under heavy fat cover
 Heavy fat deposits over lumbar area, face and limbs
 Distension of abdomen with no waist
 Extensive abdominal fat deposits

PURINA® FAECAL SCORING CHART



SCORE 1

SCORE 4

picked up.

Very moist, soggy;

and loses form when

log-shaped:leavesresidue

Very hard and dry; often expelled as individual pellets; requires much effort to expel from body; no residue left on ground when picked up.





Watery; no texture; flat puddles.





SCORE 2 Firm, but not hard;

pliable; segmented in appearance; little or no residue on ground when picked up.

SCORE 5 Very moist, but has a distinct shape; piles rather than distinct logs; leaves residue and loses form when picked up.





SCORE 3

Log-shaped; little or no visible segmentation; moist surface; leaves residue on ground, but holds form when picked up.

SCORE 6

Has texture, but no defined shape; present as piles or spots; leaves residue when picked up.

Faecal consistency is primarily influenced by the amount of moisture in the stool and can be used to identify changes in intestinal health and other problems. Ideally, in a healthy animal, stools should be firm but not hard, pliable and segmented, and easy to pick up (Score 2).





TO BE COMPLETED BY THE VETERINARY TEAM

CURRENT BODY CONDITION SCORE: (Please refer to the PURINA® Body Condition Scoring Chart) /9							
CURRENT MUSCLE CONDITION SCC	RE: (Please refer to the WSAVA Muscle C	ondition Scoring Chart)					
NORMAL MILD LOSS	MODERATE LOSS	SEVERE LOSS					
ANY CURRENT MEDICAL CONDITION (If yes, please give details)	N(S)?			YES	NO		
ANY PREVIOUS MEDICAL CONDITIO (If yes, please give details)	N(S)?			YES	NO		
RECOMMENDATIONS:							
REFERRAL TO VETERINARY SURGEO	*YES	NO					
FURTHER DIAGNOSTIC TESTS OR IN	*YES	NO					
REFERRAL TO A VETERINARY NURSE (*If yes, please give details)	*YES	NO					
CHANGES IN DIET RECOMMENDED ((If yes, please give details)	INCLUDING MAIN MEAL AN	D TREATS)		YES	NO		
DAILY MAIN MEAL AMOUNT(S):	DRY (weight(g))	POUCHES	CANS	ALLU	JTRAYS		
FREQUENCY OF FEEDING: TWIC OTHER (please state)	E DAILY THREE TIN	IES DAILY					
TREATS INCLUDED IN DAILY FEEDING	3 PLAN			YES	NO		
ТҮРЕ		WE	EIGHT (g)	or DA	ILY NO.		
WAS THE RECOMMENDED FOOD PU (If yes, where from? - please tick)				YES	NO		
VETERINARY PRACTICE O	NLINE PET SHOP	SUPERMAR	RKET				
CHANGES TO ENVIRONMENTAL FAC (E.g. preventing access to other pets' food, stopping fo		feeding enrichment toys. If ye	s, please give details)	YES	NO		
	YES	NO					

(If yes, please give details)