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: M   F: NEUTERED: ENTIRE:

BREED: WEIGHT (if known):

HOW MANY OTHER PETS ARE IN THE HOUSEHOLD?
(Please select all that apply and state the number)

DOG   CAT   OTHER (please state)

WHERE DOES YOUR PET SPEND MOST OF ITS TIME?

INDOORS   OUTDOORS   BOTH

HOW ACTIVE IS YOUR PET EACH DAY?

VERY ACTIVE (2hrs +)   MODERATELY ACTIVE (1-2hrs)   LESS ACTIVE (30-45 mins)   FAIRLY INACTIVE (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 YOU DESCRIBE YOUR PET'S WEIGHT?

OVERWEIGHT   IDEAL   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   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 name)	AMOUNT	FREQUENCY OF FEEDING	WHEN YOU STARTED FEEDING THIS FOOD

WHAT TEXTUREOF FOOD(S) DOES YOUR PET PREFER?
(Please tick all that apply)

JELLY   GRAVY   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?   YES   NO

(If yes, please state the changes and over what time period?)

HAVE THERE BEEN ANY CHANGES TO YOUR PET'S TOILETING HABITS RECENTLY?   YES   NO

(E.g urinating more frequently. If yes, please state the changes and over what time period?)

HOW WOULD YOU CHARACTERISE YOUR PET'S STOOLS? (Please refer to the PURINA® Faecal Scoring Chart overleaf)

1   2   3   4   5   6   7

WHICH OF THESE BEST DESCRIBES YOUR PET'S SKIN CONDITION?

NORMAL   DRY /SCALY   CRUSTY   ITCHY   REDNESS

HAVE YOU NOTICED ANY OF THE FOLLOWING CHANGES IN YOUR PET RECENTLY? (If yes, please provide details)

CHANGE IN COAT COLOUR?   YES   NO

DETAILS:

EXCESSIVE MOULTING OR HAIR LOSS?   YES   NO

DETAILS:

LICKING/NIBBLING AREAS?   YES   NO

DETAILS:

ANY CHANGES IN DRINKING?   YES   NO

DETAILS:

ANY CHANGES IN URINATION?   YES   NO

DETAILS:

ANY CHANGES IN BEHAVIOUR?   YES   NO

DETAILS:

ANY OTHER CHANGES?

PURINA® BODY CONDITION SCORE CHART

DOG

UNDERWEIGHT (Levels 1, 2, 3)

1
- Ribs, lower vertebrae and other bones look prominent from a distance
- No body fat can be seen
- Clear loss of muscle mass

2
- Ribs, lower vertebrae and pelvic bones are very visible
- No body fat can be felt
- Some bones are prominent
- Some loss of muscle mass

3
- Ribs can be felt easily and may be visible with no fat covering
- The tops of lower vertebrae are visible, and pelvic bones are becoming prominent
- Clear waist and abdominal tuck

IDEAL (Levels 4, 5)

4
- Ribs can be felt easily, with minimal fat covering
- Waist easily seen when viewed from above
- Clear abdominal tuck

5
- Ribs can be felt without much fat covering them
- Waist can be seen behind ribs when viewed from above
- Abdomen tucked up when viewed from side

OVERWEIGHT (Levels 6, 7, 8, 9)

6
- Ribs can be felt, but slight excess of fat covering them
- Waist can be seen from above, but not clearly
- Abdominal tuck can be seen

7
- Ribs are hard to feel because of heavy fat cover
- Clear fat deposits over lower spine and base of tail
- Waist is barely visible
- Abdominal tuck might be visible

8
- Ribs not palpable under very heavy fat cover, or palpable only with significant pressure
- Heavy fat deposits over lumbar area and base of tail
- Waist absent
- No abdominal tuck
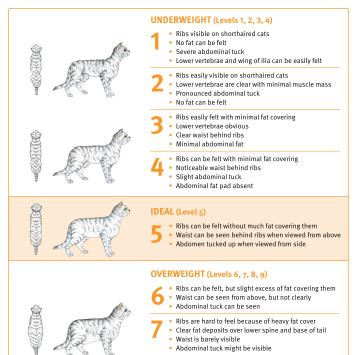- Obvious abdominal distention may be present

9
- 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

UNDERWEIGHT (Levels 1, 2, 3, 4)

1
- Ribs visible on shorthaired cats
- No fat can be felt
- Severe abdominal tuck
- Lower vertebrae and wing of ilia can be easily felt

2
- Ribs easily visible on shorthaired cats
- Lower vertebrae are clear with minimal muscle mass
- Pronounced abdominal tuck
- No fat can be felt

3
- Ribs easily felt with minimal fat covering
- Lower vertebrae obvious
- Clear waist behind ribs
- Minimal abdominal fat

4
- Ribs can be felt with minimal fat covering
- Noticeable waist behind ribs
- Slight abdominal tuck
- Abdominal fat pad absent

IDEAL (Level 5)

5
- Ribs can be felt without much fat covering them
- Waist can be seen behind ribs when viewed from above
- Abdomen tucked up when viewed from side

OVERWEIGHT (Levels 6, 7, 8, 9)

6
- Ribs can be felt, but slight excess of fat covering them
- Waist can be seen from above, but not clearly
- Abdominal tuck can be seen

7
- Ribs are hard to feel because of heavy fat cover
- Clear fat deposits over lower spine and base of tail
- Waist is barely visible
- Abdominal tuck might be visible

8
- Ribs not palpable with excess fat covering
- Waist absent
- Obvious rounding of abdomen with prominent abdominal fat pad
- Fat deposits present over lumbar area

9
- 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
Very hard and dry; often expelled as individual pellets; requires much effort to expel from body; no residue left on ground when picked up.

SCORE 2
Firm, but not hard; pliable; segmented in appearance; little or no residue on ground 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 4
Very moist, soggy; log-shaped; leaves residue and loses form 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 6
Has texture, but no defined shape; present as piles or spots; leaves residue when picked up.

SCORE 7
Watery; no texture; flat puddles.

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 SCORE: (Please refer to the WSAVA Muscle Condition Scoring Chart)

NORMAL   MILD LOSS   MODERATE LOSS   SEVERE LOSS

ANY CURRENT MEDICAL CONDITION(S)?   YES   NO
(If yes, please give details)

ANY PREVIOUS MEDICAL CONDITION(S)?   YES   NO
(If yes, please give details)

RECOMMENDATIONS:

REFERRAL TO VETERINARY SURGEON   *YES   NO

FURTHER DIAGNOSTIC TESTS OR INVESTIGATIONS REQUIRED   *YES   NO

REFERRAL TO A VETERINARY NURSE CLINIC   *YES   NO
(*If yes, please give details)

CHANGES IN DIET RECOMMENDED (INCLUDING MAIN MEAL AND TREATS)   YES   NO
(If yes, please give details)

DAILY MAIN MEAL AMOUNT(S):   DRY (weight(g))   POUCHES   CANS   ALLUTRAYS

FREQUENCY OF FEEDING: TWICE DAILY   THREE TIMES DAILY

OTHER (please state)

TREATS INCLUDED IN DAILY FEEDING PLAN   YES   NO

TYPE   WEIGHT (g)   or   DAILY NO.

WAS THE RECOMMENDED FOOD PURCHASED?   YES   NO
(If yes, where from? - please tick)

VETERINARY PRACTICE   ONLINE   PET SHOP   SUPERMARKET

CHANGES TO ENVIRONMENTAL FACTORS RECOMMENDED?   YES   NO
(E.g. preventing access to other pets' food, stopping food from other sources, encouraging use of feeding enrichment toys. If yes, please give details)

EDUCATIONAL INFORMATION/LEAFLETS/TOOLS GIVEN?   YES   NO
(If yes, please give details)