



Veterinary Emergency Clinic / Referral Centre
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REQUEST FOR NUTRITION REFERRAL

Dr. Jenna Manacki DVM

Required Documents

- ~ Clinician Medical History Form
- ~ Client Diet History Form
- ~ Instructions for submission
- ~ Pertinent Medical Records (previous 6 months)
 - *Examples: Medical records, CBC, biochemistry, urinalysis, UPC, T4, medical imaging, blood pressure*
 - *Minimum requirements: medical records, CBC, biochemistry, urinalysis*
 - *If available, photos of the top and side profiles of the animal*

MEDICAL HISTORY

Pet information

Name: _____
Signalment (age, sex, neuter status, species, breed): _____
Body weight (kg): _____
Body Condition Score (see attached document): _____
Body Fat Index if overweight (see attached document): _____
Muscle Condition Score: _____

Reason for Referral (select all that apply)

- Recommend commercial diet plan
- Weight loss plan (commercial diets only)
- Formulate a home-prepared diet
- Balance an existing home prepared diet (please have client provide the recipe)
- Enteral tube feeding plan (E-tube, PEG tube, G-tube)
- Other (please describe):

May we contact the owner directly for questions: Yes ___ No ___

Is this request for a novel ingredient diet? Yes ___ No ___

- **If 'Yes' is the owner committed to performing an appropriate elimination diet trial?** Yes ___ No ___

List all current patient conditions and diagnoses:

List all resolved or historical conditions and diagnoses:
