



Veterinary Emergency Clinic / Referral Centre

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REQUEST FOR NUTRITION REFERRAL

Dr. Jenna Manacki DVM

REQUIRED DOCUMENTS

- ~ Clinician Medical History Form ~ Pertinent Medical Records (previous 6 months)
 - ~ Client Diet History Form
 - ~ Instructions for submission
- *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*

Ref. Veterinarian: _____ Ref. Clinic: _____

Clinic Phone Number: _____ Clinic Fax Number: _____

Client Name: _____ Client Phone Number: _____

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:
