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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*

Ref. Veterinarian: \_\_\_\_\_ Ref. Clinic: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Client Info: \_\_\_\_\_  
Name Phone Email

### 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:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Email form to: [info@vectoronto.com](mailto:info@vectoronto.com)**