



## LARGE/EXOTIC ANIMAL CONSULT REQUEST FORM

### TO BE COMPLETED BY VETERINARIAN

Please Return to Dr. Meri Stratton-Phelps at:  
3407 Millbrook Court  
Fairfield, CA 94534

This form can be sent by fax to:  
916-244-2665

Date: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian Phone Number: \_\_\_\_\_

Best time to call: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Veterinarian Address: \_\_\_\_\_

\_\_\_\_\_

Animal Name: \_\_\_\_\_

Body Weight (lb) \_\_\_\_\_ (BCS) \_\_\_\_\_

### PATIENT INFORMATION

1. Client Name: \_\_\_\_\_  
First Last

2. Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M MC F FS  
(circle one)

3. Does the patient have evidence of muscle wasting? Yes No

4. Does the patient have evidence of fluid retention (peripheral edema, abdominal fluid accumulation, pulmonary edema)? Yes No

**RECENT PATIENT HISTORY**

- 1. When did the patient present to your clinic?
  
- 2. Please describe the presenting history of this patient (include dates)
  
- 3. Current active problem list:

**PREVIOUS MEDICAL HISTORY**

- 1. Has this patient had surgery? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, please describe (including year, treatment, and any complications)*

- 2. Please describe other relevant medical history for this patient

**CURRENT MEDICAL HISTORY**

Current pharmacologic therapy:

- 1. Intravenous fluid therapy: \_\_\_\_\_  
Type of fluid Rate of administration

Additives to intravenous fluids:

- a) \_\_\_\_\_ b) \_\_\_\_\_
- c) \_\_\_\_\_ d) \_\_\_\_\_

2. Other medications (*please give dose, and rate of administration*):

- a) \_\_\_\_\_ b) \_\_\_\_\_
- c) \_\_\_\_\_ d) \_\_\_\_\_
- e) \_\_\_\_\_ f) \_\_\_\_\_

3. Primary laboratory abnormalities:

**(\*PLEASE SEND ALL LABORATORY REPORTS WITH CONSULT)**

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_
- 5) \_\_\_\_\_ 6) \_\_\_\_\_

**DIET HISTORY**

1. Previous and current ration:

The owner/manager should complete this part of the history using the Diet History Form

***Please remind the owner to include the type and quantity of hay fed, if the animal has access to pasture and the type of foliage available in the pasture, any commercial feed offered, and the amount and brand of any supplements fed.***

2. Are there any known feed aversions or allergies?

If yes, please describe

**WHAT ARE THE THERAPEUTIC GOALS OF THIS NUTRITION CONSULT?**

- 1. The completed forms can be submitted by fax, e-mail, or mail. The consult will be started once the Veterinary Nutrition Consult Request Form and Diet History Form have been received.
- 2. Consults will usually be completed within 2 weeks of the time they are received. ***Emergency consults rations or diets formulations will be completed within 24 hours of receipt of the consult request.*** If your patient requires an emergency ration formulation or diet recommendations please note this request on the consult. An emergency fee of \$50.00 will be added to the consultation charge.
- 3. Certain cases may require a forage analysis. If this is the case, I will call you or the manager with instructions. I recommend that feed be analyzed using Equi-Analytical Laboratories ([www.equi-analytical.com](http://www.equi-analytical.com)).
- 4. Completed consults will be sent to you through e-mail as a PDF attachment. A hard copy of the consult letter can be mailed by request. Billing will be done through your clinic. The charge for formulating a ration for an individual animal is between \$300-\$375. Additional charges will be incurred if the consult is required on an emergency basis, or if an extensive follow-up or ration or diet reformulation is required. These prices are current as of February 1, 2018, but are subject to change in the future.