



Animal Agency - Giving Animals
a Voice in their Training

Veterinary Information Request

Therapeutic Nutrition Support

www.theanimalbehaviourconsultant.co.uk

To Whom It May Concern,

Therapeutic nutrition support can play a valuable role in supporting health, behaviour, and quality of life in companion animals. To ensure that any nutritional guidance provided is safe, appropriate, and aligned with ongoing veterinary care, a summary of relevant clinical history is required prior to commencing support.

This request is intended to facilitate collaborative care and does not replace veterinary diagnosis, prescribing, or treatment. All dietary guidance is provided strictly within professional scope, with written reports shared with the treating veterinary practice for review. Recommendations regarding specific commercial or prescription diets remain at the discretion of the attending veterinarian.

Where available and clinically appropriate, relevant diagnostic information (e.g. blood work, imaging summaries) is helpful to inform nutritional considerations. We fully respect clinical discretion and appreciate that not all information may be available or necessary.

All nutrition support is evidence-based, ethical, welfare-focused, and delivered in collaboration with veterinary professionals.

Warm regards,

Zoe Norquoy BA (Hons), DipCABT, PNCC, PCertSACN (IP)

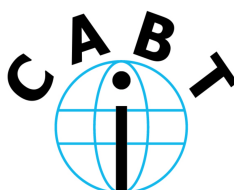
Clinical Animal Behaviour Practitioner

Clinical Certificate in Psychopharmacology, BAP (IP)

Co-Founder, *Psychiatric Assistance Dogs Foundation* (Registered Charity)

Behaviourist, *Feline Fine Foundation* (Registered Charity)

Pet Therapeutic Nutrition Coach - NAVC *Vet Folio*, *Nutrition and dietary reports prepared for veterinary review only*



Name of prescribing vet: _____ **Type here** _____ MRCVS

Practice name & Address: _____
Type here

Post Code & _____
Phone number: _____ **Type here**

Client Name: _____ **Type here**

Name of Patient: _____ **Type here**

Species/Breed & DOB: _____ **Type here**

Date first noticed by client: _____ **Type here**

Medical History: (please attach)

Date of last health check: _____ **Type here**

Weight in Kg: _____ **Type here**

BCS: 1–5 or 1–9. (e.g 3/9) _____ **Type here**

MCS: 0–3 or 0–4. (e.g 2/4) _____ **Type here**

Please indicate with YES if there are current or previous health problems concerning the following and attach appropriate details. Click boxes below to change to YES where relevant.

Urogenital System	No	Endocrinological System	No
Nervous System	No	Sensory Systems	No
Integumentary System	No	Muscular Skeletal System	No
Respiratory System	No	Oropharyngeal Region	No
Nervous System	No	Allergic Reactions	No
Other	No		

Please provide any details of blood screens performed including specific organ function tests and assays.

Relevant Clinical Information

(Please attach or summarise where available)

- Current diagnosis or working diagnosis: _____ **Type here**
- Relevant medical history: _____ **Type here**
- Current medications and supplements: _____ **Type here**
- Known food sensitivities or contraindications: _____ **Type here**
- Relevant laboratory or diagnostic findings (if available): _____ **Type here**

Veterinary Notes:

Type here

Email address to send the summary of the behaviour report and further correspondence:

Type here

I consent to the sharing of the above medical information for the purpose of therapeutic nutrition support.

Owner Name: _____ **Type here**

Signed: _____ **Type here**

Date: _____ **Type here**

