



# Nature's Variety®

Case Study Sign-Up

## PRE-START FORM

Patient Information		
Patient Name and Breed:		Species: Canine Feline
Age:	Gender: Female Male	Spayed/Neutered? Y N
Brief Medical or Background History:		
System/Disease: Diabetes GI tract Arthritis Heart Liver Pancreas Kidney Skin Other		
Describe in detail:		

Nutritional History
Indicate the forms of pet food fed as a percentage of the pet's overall diet:
Kibble: _____ Canned: _____ Raw (commercial): _____ Raw (homemade): _____ Other: _____
Comments:

## Nutritional History, continued...

Indicate the brand, flavors, and amounts of pet food fed (may list more than one):

Pet food brand: \_\_\_\_\_ Flavor: \_\_\_\_\_ Amount fed daily: \_\_\_\_\_

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**Water** (circle): tap water / filtered water Changed: daily / when empty

**Do you feed treats?** Y N

Please list:

**Do you feed supplements?** Y N

Please list:

**Does your pet get regular exercise?** Y N

Indicate frequency: daily / weekly / rare

Indicate intensity: low / moderate / high

## Other Health Information

Comments about the individual animal and its health issues:

Other observations or comments:

## Initial Exam Information

**Physical** (include weight and body score, HR, temperature, coat condition, attitude, etc...)

**Blood Work**    Y    N                    Information attached?    Y    N

Describe results:

**Radiographs**    Y    N                    Information attached?    Y    N

Describe findings:

**Urinalysis**    Y    N                    Information attached?    Y    N

Describe results:

**Fecal**    Y    N                    Information attached?    Y    N

Describe results:

**Thank you for choosing to partner with Nature's Variety!**