WSAVA
Global Nutrition
Committee

Nutritional Assessment Checklist

To be completed by the pet owner. Please answer the following questions about your pet:

Pet's name: ______________________________ Species/breed: ___________________________ Age: _________________________

Owner's name:____________________________ Date form completed: _________________

1. How active is your pet? **Very active** ☐ **Moderately active** ☐ **Not very active** ☐
2. How would you describe your pet's weight? **Overweight** ☐ **Ideal weight** ☐ **Underweight** ☐
3. Where does your pet spend most of the time **Indoor** ☐ **Outdoor** ☐ **Indoor & Outdoor** ☐

Please list below the brands and product names (if applicable) and amounts of ALL foods, treats, snacks, dental hygiene products, rawhides and any other foods that your pet is currently eating, including foods used to administer medications:

Food	Form	*Amount	Number	Fed since
Examples:				
• *Purina Cat Chow*	*dry*	*½ cup*	*2x/day*	*Jan 2010*
• *90% lean hamburger*	*pan-fried*	*3 oz (85 grams)*	*1x/week*	*May 2011*
• *Milk Bone medium*	*dry*	*2*	*3/day*	*Aug 2012*
• *Greenies Salmon Dental*	*treat*	*2*	*daily*	*Jan 2013*

*If you feed by volume, what size measuring device do you use? _____________
*If you feed tinned/canned food, what size tins/cans? ______________________

4. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? **No** ☐ **Yes** ☐

If yes, please list brands and amounts:____

To be completed by the health care team:

Has the diet history form been reviewed? No ☐ If not, please review the diet history form **Yes** ☐ If yes, please continue:

Current body weight: ________________ Ideal body weight: ___________________________

Current body condition score* _____/9 or ____/5 *Refer to the body condition scoring chart

Muscle Condition Score: normal ☐ mild wasting ☐ moderate wasting ☐ severe wasting ☐

Screening evaluation checklist
Pets that are healthy and without risk factors need no additional extended evaluation

Nutritional screening risk factors (extended evaluation is OPTIONAL)	***Check ✓ if present***
Extremely low or high activity level	☐
Multiple pets in a household	☐
Gestation	☐
Lactation	☐
Growth period	☐
Age of >7 years	☐
Nutritional screening risk factors (extended evaluation is MANDATORY)	
History of altered gastrointestinal function (e.g., vomiting, diarrhea, nausea, flatulence, constipation)	☐
Previous or ongoing medical conditions / disease	☐
Currently receiving medications and/or dietary supplements	☐
Unconventional diet (e.g., raw, homemade, vegetarian, unfamiliar)	☐
Snacks, treats, table food > 10% of total calories	☐
Inadequate or inappropriate housing	☐
Physical examination	
Body condition score less than 4 or greater than 5 (on 9-pt scale)	☐
Muscle condition score: Mild, moderate, or severe muscle wasting	☐
Unexplained weight change	☐
Dental abnormalities or disease	☐
Poor skin or hair coat	☐
New medical conditions / disease	☐

NO CHECKED ITEM(S) ON THIS PAGE? The Nutrional Assessment is complete
CHECKED ITEM(S) ON THIS PAGE? Continue on the next page

Extended evaluation checklist

Changes in food intake or behavior

a. Amount eaten: increased ☐ decreased ☐
b. Chewing: normal ☐ abnormal ☐
c. Swallowing: normal ☐ abnormal ☐
d. Nausea: yes ☐ no ☐
e. Vomiting: yes ☐ no ☐
f. Regurgitation: yes ☐ no ☐

Condition of the integument

a. Easily-plucked hair: yes ☐ no ☐
b. Thin skin: yes ☐ no ☐
c. Dry or scaly skin: yes ☐ no ☐

Abnormalities in serum chemistry profile

a. Glucose: low ☐ normal ☐ high ☐
b. Albumin: low ☐ normal ☐ high ☐
c. Total protein: low ☐ normal ☐ high ☐
d. Electrolytes:
low________________________________
high________________________________
e. Urea: low ☐ normal ☐ high ☐
f. Creatinine: low ☐ normal ☐ high ☐
g. Total T4: low ☐ normal ☐ high ☐

Abnormalities in complete blood count

a. Anemia: yes ☐ no ☐
b. Lymphopenia: yes ☐ no ☐

Other ________________________________
____
____

Abnormalities on fecal flotation / smear / culture: ________________________________
____

Abnormalities on urinalysis: ________________________________

Abnormalities on other diagnostic tests: ________________________________
____

Provide the following recommendation(s):

Change in the caloric intake recommended? **No** ☐ **Yes** ☐ **If yes, calculate:**
Current caloric intake** ____________________ kcal or kJ/day
***Refer to information obtained from the diet history form.*
Recommended caloric intake***____________________ kcal or kJ/day
**** Refer to the calorie requirement form.*

Change in the diet recommended? **No** ☐ **Yes** ☐ **If yes, describe:**
New diet recommended________________________________

Change is the feeding management recommended? **No** ☐ **Yes** ☐ **If yes, describe:**
Amount per serving________________cups________________cans______________grams
Number of servings per day____________________________
Treat(s) (if applicable); amount(s) and number(s) per day____________________________
Be sure to specifically discuss **table foods, supplements**, and **medication administration** with the owner.

Change of environmental factors recommended? (i.e., issues with multiple pets, other food providers and sources, extent of enrichment, activity of pet, environmental stressors)

No ☐
Yes ☐ **Describe:**____________________________

Recommendations for monitoring given to the client?
(i.e., BW, BCS, MCS, food intake, appetite, gastrointestinal clinical signs, activity, overall appearance)

No ☐
Yes ☐ **If yes, please describe:**____________________________

Did client purchase the recommended food? **No** ☐ **Yes** ☐
Educational information or tools dispensed? **No** ☐ **Yes** ☐

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