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Diet Check / Optimisation questionnaire

Complete this form if you prefer to prepare offline. Please be as detailed as possible to reduce follow-ups. Wherever accurate data is missing, estimates will be used. Submission can occur by uploading it with your booking, or by emailing it to han.opsomer@baovet.ch, along with the clinical history.
Extra information is given in italics

Section A: Contact details

1. Owner's name: _____

2. Owner's street: _____

3. Owner's postcode: _____

4. Owner's city: _____

5. Owner's country: _____

6. Owner's email: _____

7. Owner's phone (optional): _____

8. Requested service:

☐ Diet check ☐ Diet optimisation

9. Who should receive the report & bill? *(owners outside of Switzerland, require a vet or other professional to receive the report on their behalf)*

☐ Owner only ☐ Vet only ☐ Pet professional only
☐ Owner & veterinarian ☐ Owner & pet professional

10. Preferred report language:

☐ DE ☐ EN ☐ FR

Complete below if a vet or pet professional is involved, the animal has a condition, or the owner lives outside Switzerland.

11. Referral / partner code (if available): _____

12. Veterinary practice / business name: _____

13. Practice / business address or website: _____

14. Treating veterinarian's name: _____

Section B: Patient details

15. Patient's name: _____

16. Species:

☐ Dog ☐ Ferret ☐ Guinea pig
☐ Cat ☐ Rabbit ☐ Other: _____

17. Breed (or mixed / unknown): _____

18. Age / date of birth: _____

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19. Is the patient still growing?

☐ Yes
☐ No

If yes, please provide one of the two:

estimated adult weight:___
parents' weight:_____

20. Sex & neuter status:

☐ Male intact
☐ Male neutered
☐ Female intact
○ Pregnant ○ Lactating
☐ Female spayed

21. Current body weight (kg): _____

22. Has weight changed?

☐ Stable
☐ Not sure
☐ Gaining
☐ Losing

If gaining/losing, how much and over what period? _____

23. Health status: *(if healthy skip section D)*

☐ Healthy
☐ (suspected) condition

24. Weight status: *(suffices if Healthy under Q23)*

☐ Underweight
☐ Ideal
☐ Overweight

25. Body condition score: *(ask your clinician! Mandatory if not healthy & not in clinical history)*

☐ 1: Emaciated
☐ 2: Very thin
☐ 3: Thin
☐ 4: Slightly underweight
☐ 5: Ideal
☐ 6: Slightly overweight
☐ 7: Overweight
☐ 8: Obese
☐ 9: Grossly obese

26. Muscle condition score: *(ask your clinician! Mandatory if not healthy & not in clinical history)*

☐ 3: Normal
☐ 2: Mild loss
☐ 1: Moderate loss
☐ 0: Severe loss

Photographs (side view + top view) are very helpful. Please attach if you can.

Section C: Husbandry & feeding

27. Activity level:

☐ Low
☐ Moderate
☐ High
☐ Working / intense sport

28. Meals per day:

☐ 1
☐ 2
☐ 3
☐ >3
☐ Free choice

29. Other pets in the household?

☐ Yes
☐ No

If yes, can the patient be fed separately?

○ Yes
○ No

30. Is there unsupervised outdoor access?

☐ Yes
☐ No

31. Is there unsupervised access to food?

☐ Yes
☐ No

32. How is the food stored? _____

33. Current diet: what and how much (be as accurate as possible; best in grams/day):
Include base foods, treats, supplements, table leftovers, aids to administer medication etc.

Examples:
Dry food xyz 200 g/day
chicken breast (raw weight) 100 g + potato (boiled weight) 50 g
1 Dentastix light +25 kg (ca. 22 g)
1 tsp canola oil (ca. 4 g)
3 g vitamin-mineral powder xyz /day
70 g hay per day (please also attach a picture of the hay in this case)

34. Diets previously tried to address issue (and how long):

35. Which diet format would you prefer for your recommendation:

☐ No preference ☐ Mostly wet food
☐ Mostly kibble ☐ Mostly homemade

36. Goals / questions for this consultation:

37. Further requests (brands to avoid, budget, ethical concerns):

Section D: Clinical

Only mandatory if the answer to Q 23 was "diagnosed / suspected condition". Please be aware that in case of disease, a copy of the clinical records or a summary by your veterinarian is requested as well.

38. Diagnosis / clinical background:

39. Current medication:

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40. Did appetite change?

☐ Unchanged ☐ Decreased
☐ Increased ☐ Variable

41. In case of suspected allergy / intolerance complete one of the two following options

* List what has been fed in the past (not only diets tried for this problem):

_____

_____

_____

* Or tick which ingredients have NOT yet been fed (dogs & cats):

☐ Rabbit	☐ Horse	☐ Salmon	☐ Wheat	☐ Sweet potato
☐ Goat	☐ Duck	☐ Insects	☐ Potato	☐ Amaranth
☐ Sheep (lamb)	☐ Ostrich	☐ Dairy	☐ Buckwheat	☐ Quinoa
☐ Venison	☐ White fish	☐ Soy	☐ Oats	

Section E: Consent

42. I am submitting as:

☐ Pet owner ☐ Veterinarian ☐ Pet professional

By signing this document, I confirm that I have read and agree to the following:

- I accept the General Terms of Service and the Privacy Policy.
- This service provides nutritional advice and education. It is not a diagnosis, treatment, prescription or emergency service, and does not replace an in-person veterinary examination. In case of emergency or general disease, a veterinarian will be consulted.
- The information I have provided is, to the best of my knowledge, correct and complete.
- (Owners) Where no clinical history is submitted, my animal is not currently undergoing, and to my knowledge does not require, veterinary treatment. I will inform BaoVet before advice is given if this changes.
- (Veterinarians) For any animal that is not healthy, I will provide BaoVet with the diagnosis and workup. This service supports rather than replaces my clinical judgement.
- (Pet professionals) I refer only animals that are, to my knowledge, healthy. Any animal with a suspicion of disease, I refer to a veterinarian for an in person examination.
- (Veterinarians / pet professionals) I am authorised to act for the practice or business named and accept the Referral Terms (Part A). I have the owner's consent to submit this case and its data to BaoVet.
- I commission BaoVet to provide this consultation and acknowledge that I (or, where I submit as an intermediary, my practice or business) am the debtor for the costs and have been informed of the likely costs.

43. Optional:

☐ I agree that my animal's data may be used for teaching and research (only the animal's data, not personal data. Refusing or later withdrawing has no effect on the advice).

☐ I do not agree.

Signature: _____ Date: _____