



Feeding Instructions

Patient name:
 Patient number:
 Client name:
 Species: Breed:
 Sex: Age:
 VN/technician: Vet:

Feeding preferences at home
 (e.g. What type of diet? How much? Fed at what time of day?
 Treats? Type of bowl? Brand and flavour preferences?)

Date: **Weight today:** **BCS today:** (9 point scale) **Muscle wastage:** (tick below)
 None Mild Moderate Marked

Route of feeding	Voluntary (per os) <input type="checkbox"/> assisted feeding (via tube)* <input type="checkbox"/> <small>(*if delivering enteral nutrition, try to avoid meal sizes of more than 10ml/kg)</small>
Diet to be fed
Type of diet	dry <input type="checkbox"/> wet <input type="checkbox"/> liquid <input type="checkbox"/> other <input type="checkbox"/> (please state):
% of RER to be given per day	100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> (please state):
Number of feeds per day
Special considerations

Calculating Daily Energy Requirements and Food Intake



