

**INSTRUCTIONS:** This document is intended to be completed by veterinary professionals to initiate a referral to the JustFoodForDogs Custom Diet Service. Please provide responses in the following information fields and include the following medical records separately:

- 1 SOAP notes
- 2 CBC, Chemistry, Urinalyses, and any other relevant diagnostic test results

**Our service requires at least 1 chemistry and UA results within the past 6 months to initiate a referral. Additional testing may be recommended on a case-by-case basis depending on presenting concern.**

This completed form, along with the above requested medical records, can be submitted as .pdf files through the Custom Diet Questionnaire link on the Custom Diet Service webpage (<https://www.justfoodfordogs.com/custom-prescriptive.html>). Our team will reach out to the veterinary care team if additional information is required, or to the pet owner for the next steps of the process if all needed information is available.

## Referring Veterinarian Information

**Name**

**Clinic Name**

**Street Address**

**City**

**State**

**Zip**

**Clinic Phone Number**

**Clinic Email**

## Patient Information

**Patient Name**

**Age** (years and/or months)

**Species**

**Breed**

**Sex**      Male      Female

**Spay/Neuter**      Yes      No

**Current Weight** (lbs)

**BCS** (9-Point Scale) #

**Ideal Weight** (lbs)

**Muscle Condition Score**      Normal      Mild Atrophy      Moderate Atrophy      Severe Atrophy

## REFERRAL FORM

### Patient Health Information

Problem list or clinical summary

Current Medications/Treatments/Supplements

Current Diet (if known)

Questions/Comments for JustFoodForDogs Veterinary Team

## REFERRAL FORM

### Pet Parent Authorization

**Pet Parent Name**

**Email**

**Phone Number** (primary)

**Phone** (secondary)

**Has veterinarian received consent to transmit this information?**      **Yes**      **No**

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Thank you for submitting this form for a referral to the Custom Diet Service. Submission of this form signifies that the listed veterinary care team has an established veterinarian-client-patient relationship (VCPR) for this patient, has received client authorization to provide this information to JustFoodForDogs, and authorizes members of the JustFoodForDogs Custom Diet Service to communicate directly with the pet owner for the purpose of custom diet formulation and diet fulfillment. JustFoodForDogs' Custom Diet Service will act as a consulting service to your care of this patient and it is understood that JustFoodForDogs is operating at your direction to assist in your providing medical care to your patient. You agree that JustFoodForDogs does not retain any responsibility over medical decision-making for this patient beyond the creation and customization of a diet for their medical needs. All other veterinary care and responsibility is retained by the referring veterinary care team and additional teams servicing this patient. To the fullest extent permitted by law, and except to the extent arising from JustFoodForDogs' gross negligence or willful misconduct, you agree to defend, indemnify and hold harmless JustFoodForDogs and its affiliates and their officers, directors, employees, agents, successors and permitted assigns from and against all losses, damages, liabilities, deficiencies, actions, judgments, interest, awards, penalties, fines, costs or expenses of whatever kind (including reasonable attorneys' fees) arising out of or resulting from instructions you provide to JustFoodForDogs with respect to custom diet formulation and diet fulfillment.

By submitting this form to the JustFoodForDogs Custom Diet Service, you agree to the above terms and conditions.

**Full Name** (Electronic Signature)

**Date**

I confirm that the information provided is accurate and that this signature is my own and was signed by me personally.

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