



Clinical Case Study: Volhard Dog Nutrition

Case #:

Date:

Dog's Name:

Age:

Breed:

Sex:

Neutered/Spayed:

1. Brief history:

- How long have you had your dog?
- What food was he/she eating prior to Volhard Dog Nutrition, including supplements?
- Dog's lifestyle/occupation?
- A brief history of the dog's family history (i.e. adopted from Humane Society, the owner has owned since a puppy, etc)
- A brief history of the problem in which dog is referred for (i.e. date of injury or onset of the problem, how owners' noticed a problem, type of problem noticed)
- Past medical history

2. What month/year did your dog first have a clinical problem?

List of Current Interventions (i.e. medication, restrictions, exercise, rest, etc.)

3. What was your dog's weight before starting Volhard Dog Nutrition?

4. Describe the problem (clinical signs, what your dog did, what you witnessed, etc.).

5. What was your dog's diagnosis from your veterinarian?

Test Results (please include a photograph or digital picture of the appropriate test):

- Radiographs
- Laboratory results
- CT Scan/MRI

6. What treatment was first prescribed?

7. How long was your dog treated this way? Did it help? How did it affect your dog?

8. When did you start your dog on Volhard Dog Nutrition (month/year)?

9. Which Volhard Dog Nutrition products did you use in the beginning?

10. Was your dog on any medications, special shampoos, or supplements during the time he/she was on Volhard Dog Nutrition?

11. When did you see a change? (month/year)

12. What changes did you see/how did your dog respond?

13. How is your dog today? Is your dog still eating Volhard Dog Nutrition? Any other foods or supplements?

14. What was your dog's weight after being on Volhard Dog Nutrition?

15. How long has your dog been on Volhard Dog Nutrition as of now?

*Please also provide any lab work that you have that is directly related to this case. Please scan and send these as pdf to casestudy@volharddognutrition.com. **MARK OUT ANY LAST NAMES AND ADDRESS.***