

NUTRITIONAL HISTORY FORM

Please affix sticker OR list Pet name: ID number:	Reason for today's visit		
Invoice details Client name: Street: Number: Township:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Date</td> </tr> <tr> <td style="padding: 5px;"> Weight (in kg) Current: Ideal: Body Condition Score (1-9): </td> </tr> </table>	Date	Weight (in kg) Current: Ideal: Body Condition Score (1-9):
Date			
Weight (in kg) Current: Ideal: Body Condition Score (1-9):			

- Is your pet **housed**: ☐ indoors ☐ outdoors ☐ both ☐ outside mainly for walks, exercise, or work?

- Pet's **activity level** (type, duration & frequency): mostly napping & occasional walks, short daily walks, long daily walks, hiking, agility, working animal, guide, therapy, assistance, police, hunting

- Do you have **other pets**? ☐ no ☐ yes
 If yes, please list:

- Is your pet fed in the **presence of other animals**? ☐ no ☐ yes
 If yes, please describe:

- Is food **left out** for your pet during the day or **taken away** after the meal?

☐ left out ☐ taken away

- Does your pet have access to other **unmonitored food** sources (i.e. food from a neighbor, cat food etc.)? ☐ no ☐ yes
 If yes, please describe:

- **Who** typically feeds your pet?

- Please list your pet's current and past **medical problems**, if any, and whether they have resolved:

.....
.....

- Please list all the **medications** your pet is currently receiving and any administered over the past three months (indicate medications that are current):

.....
.....

- Please indicate whether your pet has experienced any of the following before today's visit:

☐ Recent involuntary or unintended: ☐ **weight gain** OR ☐ **weight loss**

How much? kg

Over what period of time?

☐ **Vomiting**: times/day times/week

☐ **Diarrhea**: times/day times/week

- Have you observed changes in any of the following?

☐ **Urination** OR ☐ drinking

What was the specific change?

Since when?

☐ **Defecation**

What was the specific change?

Since when?

☐ **Appetite**

What was the specific change?

Since when?

- Does your pet have **allergies** OR **difficulty** ☐ chewing ☐ swallowing

If so, please describe:

Current diet

Please list below the brand or product names (if applicable) and amounts of ALL foods, snacks, and treats your pet **currently** eats.

Please separate out each ingredient in a home-cooked diet, listing each ingredient on its own line.

This description should provide enough detail that we could go to the store and purchase the food.

It should include human foods given as treats or at the table.

Examples are given in italics.

Amount fed

Brand/product/food	Form	Per meal	Number of meals	Fed since
<i>EXAMPLES</i>				
<i>Brand Name Dog Chow</i>	<i>dry</i>	<i>200 grams</i>	<i>twice a day</i>	<i>May 2020</i>
<i>Boneless chicken (white meat)</i>	<i>boiled</i>	<i>50 grams</i>	<i>3 times a week</i>	<i>June 2021</i>

Previous diets and supplements

Please list other diets and treats your pet has received **in the past**, indicating the approximate time period when they were fed. *An example is given in italics.*

Brand/product/food	Form	From	Till	Reason stopped
<i>EXAMPLE</i>				
<i>Brand Name Kitten Diet</i>	<i>can</i>	<i>June 2023</i>	<i>March 2024</i>	<i>became an adult</i>

Please list the name of each additional supplement your pet receives, indicate how much and how often your pet receives it (i.e. herbal product, fatty acid, vitamin or mineral supplement):

.....

.....

.....

.....

Dietary preferences/restrictions: what ingredients will/can your pet eat?

Please fill in the following **ONLY** if a home-cooked diet formulation is being requested or may be needed. If diet formulation is needed due to an adverse reaction to food(s), please provide us with some options of protein and carbohydrate sources that are both *palatable* AND *tolerated* by this animal. This will need to be determined prior to submitting this consult.

protein sources

- | | |
|--------------------------------------|---------------------------------|
| <input type="radio"/> beef | <input type="radio"/> pork |
| <input type="radio"/> chicken | <input type="radio"/> salmon* |
| <input type="radio"/> cottage cheese | <input type="radio"/> tofu |
| <input type="radio"/> crab | <input type="radio"/> tuna* |
| <input type="radio"/> egg | <input type="radio"/> turkey |
| <input type="radio"/> lamb | <input type="radio"/> whitefish |

carbohydrate sources

- | | |
|--|-------------------------------------|
| <input type="radio"/> barley | <input type="radio"/> potato, white |
| <input type="radio"/> millet | <input type="radio"/> quinoa |
| <input type="radio"/> oatmeal | <input type="radio"/> rice, brown |
| <input type="radio"/> pasta, spaghetti | <input type="radio"/> rice, white |
| <input type="radio"/> peas, green | <input type="radio"/> tapioca |
| <input type="radio"/> potato, sweet | <input type="radio"/> corn |

☐ other:

*** These ingredients may contain high levels of mercury - not recommended for long-term feeding**