

EQUINE AND COMPANION ANIMAL NUTRITION (ECAN)

Diet, Activity & Household History Form

OWNER INFORMATION

First and Last Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone number(s): _____

E-mail: _____

(Consults REQUIRE a valid e-mail; this is how you will receive the completed nutritional plan)

Important Information: Submission of medical records

If baseline labwork (blood tests, urine tests) or medical reports have already been performed for your pet, we kindly request that you send these results to us.

By checking the boxes below, I acknowledge that the following items must be submitted if available. Missing required documentation may delay your nutritional plan.

☐ Baseline Labwork (if available):

☐ Bloodwork (e.g., Chemistry panel)

☐ Urinalysis

☐ Veterinary Reports (e.g., medical summaries, referral notes)

☐ Completed Diet, Activity & Household History Form (this form, completed by the owner)

If no recent labwork or reports are available, it is not mandatory to perform new tests before your nutrition consultation.

If existing results are available (preferably within the last 6 months), please submit them.

Email all forms to dienstvoedingkhd@ugent.be.

PLEASE DO NOT FORGET TO BRING YOUR PET TO THE CONSULTATION (if not online)

For more information and prices of our consultations/plans see our website: [Click here](#)

*** All written diet plans will be released within 10 business days of the Nutrition Consultation.***

How did you hear about us?

☐ My primary or specialty care veterinarian

☐ Internet search

☐ Friend/family member

☐ Other: _____

PET INFORMATION

Name: _____ Breed: _____

Species: ☐ Canine ☐ Feline Gender: ☐ Intact female ☐ Spayed Female
☐ Intact male ☐ Neutered Male

Age: _____ ☐ YEARS or ☐ MONTHS Date of Birth: ____/____/____ (Day/Month/Year)

Who feeds this pet? _____

On average, how many hours per day is the pet home alone? _____

Other pets in the house? ☐ YES ☐ NO Number of additional pets and species: _____

Where is your pet fed? _____

Does your pet have access to other pet food? ☐ YES ☐ NO

If YES, please describe: _____

Is there competition for food between pets? ☐ YES ☐ NO

If YES, please describe: _____

Is your pet fed from the same bowl as other pets in the house? ☐ YES ☐ NO

If YES, please describe: _____

Does your pet ever gain access to the trash? ☐ YES ☐ NO

If YES, how often does your pet get into the trash? _____

Does your pet have access to the outdoors?

☐ NO ☐ Fenced backyard ☐ Unfenced yard ☐ Leash walks ☐ Other: _____

Where does your pet spend most of its time? ☐ Indoors ☐ Outdoors ☐ Both Indoors & Outdoors

Is your pet: ☐ Very active ☐ Moderately active ☐ Not very active

Please describe the type or work or exercise (if any) your pet does on average per week. _____

Please describe any care not provided by the primary owner (e.g., day care, dog walker): _____

Has your pet experienced any undesired weight gain or weight loss? ☐ YES ☐ NO

If YES, please describe: _____

What is your pet's current weight? _____ KILOGRAMS

Date weight was assessed: _____/_____/_____(Day/Month/Year)

Is your pet: ☐ Overweight ☐ Ideal weight ☐ Underweight

If over- or underweight, what is your pet's ideal weight (adult body weight)? _____ KILOGRAMS

Current Medical Concerns (*reasons for this consult*):

Previous Medical History (*please indicate whether or not these conditions have resolved*):

Have you noticed any change in the amount your pet is drinking or urinating? ☐ YES ☐ NO

If YES, please describe:

Does your pet currently have a good appetite? ☐ YES ☐ NO

If NO, please describe:

Has your pet's appetite recently changed? ☐ YES ☐ NO

If YES, please describe:

Is your pet vomiting? ☐ YES ☐ NO

If YES, please describe:

Have you noticed any change in your pet's defecation? ☐ YES ☐ NO

If YES, please describe:

Do you use foods for medication administration? ☐ YES ☐ NO

If YES, please describe: _____

Current Flea/Tick/Worm Prevention (name and frequency of administration):

EXAMPLE: Bravecto (for 10 – 22 pound dogs): 1 chew every 12 weeks (last given 10/1/2016)

1. _____
2. _____
3. _____

Current Medications (name and dose per day):

EXAMPLE: Prednisone (5 mg tablets): 1 ½ tablets twice daily

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Current Supplements (name and dose per day):

EXAMPLE: Nutramax Dermaquin Plus for Dogs (1300 mg Omega-3 fatty acids, 680 mg EPA, 450 mg DHA per teaspoon): 3ml once daily 1.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PLEASE USE A KITCHEN SCALE TO WEIGH!

COMMERCIAL DIET HISTORY

Diet Type	Brand	Flavor	Amount Fed Per Meal	Times Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Dry	Purina Pro Plan	Sensitive Skin & Stomach Salmon & Rice	100g	Twice daily	Fed since May 2024	Still feeding
EXAMPLE: Wet food (195g/can)	Wellness Trufood	Tasty Pairings with Chicken, Green Beans & Chicken Liver	½ can	Four times per day	01/24–10/24	Associated with diarrhea

HOMEMADE DIET HISTORY

Diet/Ingredient Type	Preparation Method	Amount Fed Per Meal	Times Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Ground beef (80% lean, 20% fat)	Pan browned in 1 tablespoon olive oil	200g, cooked amount	Twice daily	January 2024–October 2024	Still feeding
EXAMPLE: Green beans	Fed raw	196g, raw amount	Twice daily	January 2024–October 2024	Associated with diarrhea

TREAT HISTORY

Treat Type	Brand	Flavor	Size	Number Fed Per Day	Fed Since or Dates Fed	Reason Stopped
EXAMPLE: Biscuit	Old Mother Hubbard	Classic Liv'R'Crunch oven-baked dog biscuits	Mini	6	Fed since May 2043	Still feeding
EXAMPLE: Bone	Greenies	Freshmint Dental Chews	Teenie	1	01/24–10/24	Associated with diarrhea

PLEASE COMPLETE THE FOLLOWING PAGES IF YOU ARE INTERESTED IN A HOMEMADE DIET FORMULATION.

HOMEMADE DIET QUESTIONNAIRE

Please select protein ingredients your pet has consumed in the past or is currently eating. Please also indicate if there are any ingredients you would prefer to use or avoid using in a homemade diet.

Ingredient	Consumed in the Past	Currently Eating	Prefer to Use	Prefer to Avoid	Additional Comments
Chicken					
Organs (specify type)					
Turkey					
Beef					
Pork					
Lamb					
Duck					
Rabbit					
Venison					
Game meat (specify type)					
Ostrich					
Horse					
Cod					
Salmon					
Tilapia					
Tuna					
Other Fish (specify type)					
Crab					
Shrimp					
Chicken Egg					
Cheese (specify type)					
Cottage Cheese					
Soybean/Tofu					
Yogurt					
Peanut Butter					
Cream Cheese					
Chickpeas					

Are there any protein sources not listed above that your pet has previously consumed?

Is there any food that your pet will not eat? If so, Why?