

## DIET HISTORY FORM

Please Affix Sticker OR List - Pet Name: ID Number:	DATE:
	REASON FOR TODAY'S VISIT:
Invoice details: Client name: Street: Number: Township:	WEIGHT: _____ & _____ kg <i>Current</i> <i>Ideal</i> 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?  Yes  No If yes, please describe:

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

Does your pet have access to other unmonitored food sources (i.e. food from a neighbor, cat food etc.)?  
 Yes  No 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 time period? \_\_\_\_\_

Vomiting \_\_\_\_\_ times/day \_\_\_\_\_ times/week

Diarrhea \_\_\_\_\_ times/day \_\_\_\_\_ times/week

12. 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? \_\_\_\_\_

13. Does your pet have?  allergies OR difficulty  chewing  swallowing

If so, please describe: \_\_\_\_\_



## Current Diets

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.*

Brand/Product/Food	Form	Amount Fed		Fed Since
		Per Meal	# of Meals	
<i>EXAMPLES:</i>				
<i>Brand Name Dog Chow</i>	<i>dry</i>	<i>200 grams</i>	<i>twice a day</i>	<i>May 2000</i>
<i>Boneless Chicken (white meat)</i>	<i>boiled</i>	<i>50 grams</i>	<i>three times a week</i>	<i>June 1998</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	To	Reason Stopped
<i>EXAMPLE:</i>				
<i>Brand Name Kitten Diet</i>	<i>can</i>	<i>June 1999</i>	<i>March 2000</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):

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## Pet Dietary Preferences/Restrictions: (What ingredients will/can your pet eat?)

Please fill out this page 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

- beef
- chicken
- cottage cheese
- crab
- egg
- lamb
- other: \_\_\_\_\_
- pork
- salmon\*
- tofu
- tuna\*
- turkey
- whitefish

### Carbohydrate Sources

- barley
- millet
- oatmeal
- pasta, spaghetti
- peas, green
- potato, sweet
- potato, white
- quinoa
- rice, brown
- rice, white
- tapioca
- corn

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