

Nutritional and Clinical Assessments

DIET HISTORY

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PET

Owner's name: _____ Date form completed: _____

Pet's name: _____ Species: _____ Breed: _____

Age: _____ Gender: Male Female Neutered/Spayed: Yes No

1. What proportion of time does your pet spend indoors or outdoors?

_____ % Indoors _____ % Outdoors When outdoors, is your pet supervised? Yes No

2. How active is your pet?

- Very active Moderately active
- Not very active Mostly inactive

3. How would you describe your pet's weight?

- Overweight Ideal weight
- Underweight

4. Please list below the brands and product names (if applicable) and the amount of **all** foods, treats, snacks, dental hygiene products, rawhides and any other foods that your pet currently eats, including foods used to administer medications. If homemade diet(s), please provide recipe(s).

Food and Treats (brand, flavor)	Form (dry/wet)	Amount* Per Meal	Frequency	Fed since

*If feeding by volume, what size measuring device do you use?

5. Do you give your pet any supplements (e.g., vitamins, minerals, probiotics, fish oil, glucosamine, etc.) or other food items not listed above?

Yes No If yes, please list types and amounts given. _____

6. Have you made any changes to your pet's diet in the last 4 weeks?

Yes No If yes, please note what change was made and why. _____

7. Do you have any questions about feeding or nutrition for your pet?