

DIET HISTORY FORM

Please answer the following questions about your pet.

1. Where is your pet housed? Indoors Outdoors Both
2. How active is your pet? Active Average Not very active Mostly inactive
3. How often is your pet walked? _____time(s) daily Seldom Never
4. Do you have other pets? yes no
Are pets fed separately? yes no
5. Does your pet have access to other, unmonitored, food sources? yes no
If yes, describe _____
6. Does your pet have a good appetite? yes no
7. Who feeds your pet? _____
8. Have you made any dietary changes in the last 4 weeks? yes no
If so, please describe the change was and why you made it _____

9. Please list below the brands, product names, and amounts of **ALL** foods, treats, snacks, dental hygiene products, rawhides and any other foods that your pet is currently eating

Food	Form	*Amount	Number	Fed Since
<i>i.e. Purina Dog Chow</i>	<i>Dry</i>	<i>1 ½ cups</i>	<i>2x daily</i>	<i>Jan 2018</i>
<i>i.e. Pedigree Adult</i>	<i>Can</i>	<i>1, 8 oz can</i>	<i>2x daily</i>	<i>Jan 2017</i>
<i>i.e. Dentachew</i>	<i>Dry</i>	<i>2 sticks</i>	<i>Once daily</i>	<i>Sept 2017</i>

**please include what size measuring device you use and/or what size can is used.*

10. Do you give dietary supplements to your pet (vitamins, glucosamine, fatty acids, fish oil, or other supplements)? yes no
If yes, please list brands and amounts _____
11. How do you administer meds/supplements to your pet? _____
12. What are you pet's food preferences? _____
13. What, if any, foods does your pet refuse? _____
14. Are there any foods **NOT** tolerated by your pet? _____
15. Please list any commercial or homemade diets you are not currently feeding, but have fed your pet in the last 2-3 months. _____

Date completed: _____

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