Diet History Form

 Please answer the following questions about your pet

Pet’s name: Species: Age:

Owner’s name:

Date form completed:

Gender Neutered/Spayed?

How active is your pet? Very Active Moderately Active  Not very active 

How would you describe your pet’s weight? Overweight  Ideal Weight  Underweight 

Where does your pet spend most of the time? Indoors  Outdoors  indoors and outdoors 

Please describe what your pet eats from the moment you get up in the morning until bedtime. Please include all foods, treats, snacks, dental hygiene products, rawhides, and any other products that your pet currently eats, including foods used to administer medications.

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* If you feed by volume, what size measuring device do you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you feed tinned/canned food, what size tins/cans? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give any dietary supplements to your pet (example: vitamins, glucosamine, fatty acids or any other supplements? If yes, please list brands and amounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_