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DIET HISTORY FORM

|  |  |
| --- | --- |
| Please Affix Sticker OR List - Pet Name:  ID Number: Client Name: | DATE: |
|  |
| REASON FOR TODAY’S VISIT: |
| Invoice details:  Client name:  Street:  Number:  Township: |
| WEIGHT: & kg  *Current Ideal*  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

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Do you have other pets? **⃝** No **⃝** Yes, If yes, please list:

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Is your pet fed in the presence of other animals? **⃝** Yes **⃝** No If yes, please describe:

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

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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:

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## 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

1. Have you observed changes in any of the following?

**⃝ Ur**ination 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?

1. Does your pet have? **⃝** allergies **OR** difficulty **⃝** chewing **⃝** swallowing

If so, please describe:

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# 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.*

**Amount Fed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Brand/Product/Food** | **Form** | **Per Meal** | **# of Meals** | **Fed Since** |
| ***EXAMPLES:*** |  |  |  |  |
| *Brand Name Dog Chow Boneless Chicken (white meat)* | *dry boiled* | *200 grams*  *50 grams* | *twice a day*  *three times a week* | *May 2000*  *June 1998* |

# 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** |
| ***EXAMPLE:***  *Brand Name Kitten Diet* | *can* | *June 1999* | *March 2000* | *became an adult* |

## 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):

**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 Carbohydrate Sources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **⃝** beef | **⃝** | pork | **⃝** | barley | **⃝** | potato, white |
| **⃝** chicken | **⃝** | salmon\* | **⃝** | millet | **⃝** | quinoa |
| **⃝** cottage cheese | **⃝** | tofu | **⃝** | oatmeal | **⃝** | rice, brown |
| **⃝** crab | **⃝** | tuna\* | **⃝** | pasta, spaghetti | **⃝** | rice, white |
| **⃝** egg | **⃝** | turkey | **⃝** | peas, green | **⃝** | tapioca |
| **⃝** lamb | **⃝** | whitefish | **⃝** | potato, sweet | **⃝** | corn |

**⃝** other**:**

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

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