



PET DIET HISTORY FORM: DOG and CAT

Owner Contact Information

Date: _____ Owner name: _____

Address: _____

Cell phone number: _____

Email address: _____

Best method of contact: Phone call Email Text message

Pet Information

Pet name: _____ Date of birth/age: _____

Species: _____ Breed: _____

Sex: Male Female Neutered/spayed: Yes No

Current weight: _____ pounds Body condition: Ideal Under Over

Housed: Indoor Outdoor Both

Does your pet have free access to fenced in yard?: Yes No

How often is your pet leash walked, on average?: Never
 Infrequently, < 1x/day
 1-2x/day
 Often, \geq 3x/day

Do you have any other pets?: Yes No

If yes, how are pets fed?: Together at same time, separate bowls
 Together, same time, same bowl
 Separately, same or different times, separate bowls

Does your pet have a good appetite? Yes No

Have you made any changes to the pet's diet in the last 4 weeks?: Yes No

If so, please describe the change made. _____



Does your pet have access to any other food unmonitored food sources? Yes No

If yes, please describe: _____

Does your pet receive human food scraps?: Yes No

If yes, please describe how often and what types of foods, on average, are fed. _____

Please describe all brands, product names, amounts and frequency given for ALL foods, treats, snacks, dental hygiene products, rawhides, etc, your pet is given. *Note: Be sure the amount is measurable. If an unlabeled cup or scoop is used, please measure the amount held in that cup/scoop. For example, "½ scoop" may actually represent a true 1 cup, as measured.

Brand	Product Name	Form	Amount	Frequency
Example: Hill's Science Diet	Adult Perfect Weight Dog Food	dry	½ cup	2x/day
Example: Pedigree	Dentastix Medium Size	treat	1 treat	1x/day
Example: Purina Pro Plan Veterinary Diets	DM	canned	½ can	2x/day

If pet is fed canned food, what size can? Please describe ounces. _____

What foods does your pet particularly prefer? Please describe. _____

What foods does your pet not like/refuse? Please describe. _____



Do you give your pet any supplements (vitamins, fatty acids, oils, etc.)? Yes No

If yes, please describe brand/type, quantity, frequency.

Brand	Type	Dose	Frequency
Example: Nature's Made	Fish oil	1250mg, 1 capsule	Daily
Example: Cosequin	Standard strength	½ tablet	Daily

Is your pet currently being treated for any medical conditions or diseases? Yes No

If yes, please condition/disease, approximate date of diagnosis, and any current medications (type, dose, frequency).

Condition/Disease	Date Diagnosed	Medication Name, Dose, Frequency	Treatment length
Ex: Upper respiratory tract infection	2/12/18	Clavamox liquid, 1mL, 2x/day	10 days

Veterinarian Contact Information

Veterinarian name: _____

Practice name: _____

Practice address: _____

Practice phone number and/or email address: _____