



ARDENTE VETERINARY NUTRITION

INDIVIDUAL

ZOO/AQUARIUM GENERAL HEALTH and DIET HISTORY FORM

Date _____

Facility name: _____

Facility address: _____

Best Contact Information

First name: _____

Last name: _____

Position: _____

Email _____

Phone _____

Primary veterinarian name (if different from above):

Veterinarian contact information (phone number, email):

Please list any specific goals or concerns your team needs addressed through this diet evaluation (i.e. Unexplained weight loss, addition or removal of specific food items, life stage diet change, general diet fitness, etc.)

Animal Information

Common name: _____

Genus/species: _____

ID Number	House Name	Age/ DOB

Sex (M/F)	Spayed/Neutered (Y/N)	Chemical Birth Control (Y/N)	Body Weight (kg)	Date Body Weight Obtained

Reproductively active? Yes No

If yes, season/months greatest activity? _____

Number of successful pregnancies? _____

Number of live births, in total? _____



Hay/Browse

List types of hay and browse offered

Producer/Distributor	State	Type of Hay/Browse	Amount	Frequency per day	Days per week

Whole Food Items

Please provide information on how food items are prepared (whole vs. chopped, cooked vs. raw, live vs. frozen/thawed, etc.)

Food item	Preparation*	Amount/Weight (grams)	Frequency	Months offered

Other Food Items

List other food items offered for enrichment purposes (e training, enrichment, educational programs, etc.).

Food item	Preparation	Amount/Weight (grams)	Freq per day	Months offered



List other food items offered for enrichment purposes (e training, enrichment, educational programs, etc.).

Are there any seasonal variations to the diet provided (aside from enrichment items)? If so, please thoroughly describe.

In the last 5 years, have you ever had a nutrient analysis performed by a laboratory on either the whole diet and/or any individual food items (e.g. hay, browse, leafy greens, etc.)?

Yes (If yes, please provide copies of analyses.) No

Estimate what percentage of the diet offered is actually consumed on average. _____

Are there any food items that the animal particularly prefer? Please describe.

Are there any food items that the animal do not particularly like and/or refuse? Please describe.

Have you made any changes to the diet offered in the last 4 weeks?

Yes No

If so, please describe the change made



Water and Supplementation Information

How is water provided? Please describe (water dish, water bottle, soaking food items, etc.)

How often is water changed?

- Daily (1x/day)
 2x/day
 >2x/day
 Automatic filler

Are any additives put into the water (vitamins, flavors, etc.)?

- Yes
 No

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

Are any dietary supplements (vitamins, fatty acids, oils, etc.) given?

- Yes
 No

If yes, please describe brand/type, quantity, frequency, administration, and consumption.

Manufacturer	Type	Dose	Frequency	Administration method	Reliable consumption (Y/N)

Are salt or trace mineral blocks provided?

- Yes
 No

If yes, please describe brand, type, size, and frequency provided:

If yes, please describe the animal's usage on the scale of Low - Average – High:
