

INDIVIDUAL

ZOO/AQUARIUM GENERAL HEALTH and DIET HISTORY FORM

Date						
Facility name:						
Facility addres	ss:					
Best Contact I	nformation					
First name:						
Last name:						
Position:						
Email						
Phone						
Primary veter	inarian name (if different fro	om above):				
Veterinarian c	ontact information (phone	number, email):				
		our team needs addressed thro s, life stage diet change, general			on (i.e. Unexplained weight loss,	
		Animal Informa	tion			
Common nam	e:					
Genus/species	s:					
ID Number		House Name		Age/ D	ОВ	
Sex (M/F)	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 su	ccessful pregnancies?					
Number of live	e births, in total?					



Current body condition (scale from 1 to 9, where 1 is emaciated, 5 is ideal, and 9 is morbidly obese):

How was body condition assessed? How many and which staff members were involved? Please describe.							
Is this animal housed with a	ny other animals? Yes	No					
If yes, what species and how	v many?						
Are animals housed indoors,	, outdoors, or both? Does it de	pend on season? Please describe.					
If sharing exhibit with other Please describe.	animals, do all share a commo	on space together or do they access the space in subg	roupings?				
_	-	al condition(s) or disease(s)? Yes No					
Condition/Disease	Date Diagnosed	Medication Name, Dose, Route, Frequency	Medication				
condition, biscuse	Dute Diagnosea	incureation name, 2000, noute, rrequency	in use Y/N				



Diet and Enrichment Information

Feeding Method - Check all that apply	
☐ Bowl-fed	☐ Target-fed
Scatter-fed	
Instructions for the following questions:	

- The "amount" provided must be measured by weight, as obtained using a gram scale.
- For each food item provide the TOTAL weight of each ingredient fed daily.

Possible scenarios to troubleshoot:

- Unlabeled cup or scoop: First measure the amount held in that cup/scoop for example, "½ scoop" may actually represent a true 1 cup, as measured. Then weigh the volume of diet item held within that container.
- Abstract unit of measure (e.g. "one handful"), take one handful of the item and obtain the gram weight of that handful 5 days in a row. If different individuals are doing the feeding, make sure that each individual's handful is represented. Then calculate the average weight (grams) per handful by summing the gram weights from each of the 5 days, and diving by 5. Provide that average weight as the "Amount" below.
- Hay/browse: For each type of hay/browse item, use either hook scale or flat platform scale and obtain average weight over 5 days.

Commercial Feeds

Describe all brands, product names, amounts, and frequency for ALL commercial foods offered as a part of regular diet.

Manufacturer	Product Name	Form	Amount	Frequency



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 pu	rposes (e trair	ning, enrichment,	educational programs, etc	.).
Are there any seasor	nal variations to the diet p	rovided (aside	e from enrichmen	t items)? If so, please tho	oughly describe.
In the last 5 years, ha	ave you ever had a nutrien	t analysis per	formed by a labo	ratory on either the whole	e diet and/or any
individual food items	s (e.g. hay, browse, leafy g	reens, etc.)?			
Yes (If yes, please	provide copies of analyses	.)	No		
Estimate what perce	ntage of the diet offered is	s actually con	sumed on averag	e	
Are there any food it	ems that the animal partic	cularly prefer	? Please describe		
Are there any food it	ems that the animal do no	ot particularly	like and/or refus	e? Please describe.	
Have you made any	changes to the diet offered	l 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 chan	ged?						
Daily (1x/day)	Daily (1x/day)						
>2x/day		Auto	matic filler				
Are any additives put int	o the water (vitamins	, flavors, etc.)?					
Yes	☐ Yes ☐ No						
If yes, please describe br	and/type, quantity, fr	equency.					
Are any dietary supplem	ents (vitamins, fatty a	cids, oils, etc.) given?					
Yes		□No					
If yes, please describe br	and/type, quantity, fr	equency, administrati	on, and consumptio	n.			
Manufacturer	Туре	Dose	Frequency	Administration method	Reliable consumption (Y/N)		
Are salt or trace mineral	blocks provided?	<u> </u>		I			
Yes		□No					
If yes, please describe br	and, type, size, and fro	equency provided:					
If yes, please describe th	e animal's usage on th	ne scale of Low - Avera	ge – High:				