



GROUP

ZOO/AQUARIUM GENERAL HEALTH and DIET HISTORY FORM

Date: _____

Facility name: _____

Facility address: _____

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:

Number of animals housed together:

ID Number	House Name	Sex	Age	Current Body Weight*	Current Body Condition*

*Current body weight in grams or kilograms. Current body condition on scale from 1 to 9, where 1 is emaciated, 5 is ideal, and 9 is morbidly obese.



Previous 3 body weights measured with corresponding dates, if available.

*Note: If a more weight record is available, please feel free to attach it in an email to the team at info@ardentevetnutrition.com.

House Name	Body Weight	Date Body Weight Obtained

House Name	Fecal Quality - Consistency (please describe)	Fecal Quality - Frequency (please describe)

Are any of the animals spayed/neutered, on chemical birth control, or reproductively active? Please describe.

Enter ID Number	Spayed/Neutered (y/n)	Chemical Birth Control (y/n)	Reproductively active (y/n)

*Reproductively active applies if intact and housed with opposite sex conspecific.

Are any of the animals being treated for any current and/or historical condition(s) or disease(s)? ☐ Yes ☐ No

If yes, please list animal ID, diagnosed condition/disease, approximate date of diagnosis, medications:

Animal ID	Condition/Disease	Date Diagnosed	Medication Name, Dose, Route, Freq.



Exhibit Information

Do animals share a common space (yard, free-flight aviary, pond, etc.), and if so, do they access the space all together or in subgroupings? Please describe.

Are animals housed indoors, outdoors, or both? Does it depend on season? Please describe:

DIET AND ENRICHMENT INFORMATION

Feeding Strategy - Check one:

- ☐ Fed together at same time, same feeding location
- ☐ Fed together at the same time, separate feeding locations

How many times per day is food offered to the group?_____

Instructions for the following questions:

- For each food item, "Total Amount Offered (g/kg) to the Group" must be a measured amount using a scale, with units in grams or kilograms.
- For each food item, "Consumed Amount (estimated %)" should describe the amount of the offered food item that was consumed by the group. This can be represented as an estimated % consumed, out of 100% (or complete consumption).

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 dividing 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	Total Amount Offered (g/kg) to the Group	# Days	Specify: Per week - or - Per Month	Consumed Amount (estimated %)

If needed, please further describe to provide clarity: _____

Hay / Browse

List types of hay and browse offered:

Producer/Distributor	State	Type of Hay/Browse	Total Amount Offered (g/kg) to the Group	# Days	Specify: Per week - or - Per Month	Consumed Amount (estimated %)

If needed, please further describe to provide clarity: _____

Whole Food Items

List all other food items offered as a part of regular diet, including leafy greens, cut vegetables, fruit, meat, eggs, insects, etc.

Food Item	Preparation*	Total Amount Offered (g/kg) to the Group	# Days	Specify: Per week - or - Per Month	Consumed Amount (estimated %)	Months offered (if seasonal)



*Please provide information on how food items are prepared (whole vs. chopped, cooked vs. raw, live vs. frozen/thawed, etc.).
 If needed, please further describe to provide clarity: _____

Other Food Items / Enrichment

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

Food Item	Preparation	Total Amount Offered (g/kg) to the Group	# Days	Specify: Per week - or - Per Month	Consumed Amount (estimated %)	Months offered (if seasonal)

If needed, please further describe to provide clarity: _____

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

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

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

Which feeding methods are utilized for group feeding (check all that apply)?

☐ Bowl fed ☐ Items scattered around exhibit ☐ Free-choice grazing/browsing ☐ Target fed

If desired, please further describe.

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

☐ Yes ☐ No

If so, please describe the change(s) made:

WATER AND SUPPLEMENT INFORMATION

Please describe how water is provided (water dish, water bottle, soaking food items, automatic filler, 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, administration, and consumption:

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

☐ Yes ☐ No

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

Manufacturer	Type	Dose	Frequency



Are salt or trace mineral blocks provided?

☐ Yes

☐ No

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