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): :** _____

Most Recent Body Weight (kg) : _____ **Date Body Weight Obtained:** _____

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

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

Body Weight (kg)	Date Body Weight Obtained

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

_____

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How was body condition assessed? How many and which staff members were involved? Please describe:

Fecal Quality - Consistency (please describe): _____

Fecal Quality - Frequency (please describe): _____

Reproductively active? ☐ Yes ☐ No

If yes, season/months greatest activity? _____

Number of successful pregnancies? _____

Number of live births, in total? _____

Is this animal housed with any other animals? ☐ Yes ☐ No

If yes, what species and how many? _____

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

If sharing exhibit with other animals, do all share a common space together or do they access the space in subgroupings?

Please describe:

Is this animal being treated for any current and/or historical condition(s) or disease(s)? ☐ Yes ☐ No

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

Condition/Disease	Date Diagnosed	Medication Name, Dose, Route, Frequency

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DIET AND ENRICHMENT INFORMATION

Feeding Method - Check all that apply:

☐ Fed together at same time, same feeding location

☐ Fed together at the same, separate feeding locations

☐ Fed separately, same or different times, separate feeding locations

How many times per day is food offered?

_____

_____

Instructions for the following questions:

- For each food item, "Total Amount Offered (g/kg)" must be a measured amount using a scale, with units in grams or kilograms.
- For each food item, the "Consumed Amount (estimated %)" should describe the amount of offered food item the animal consumed. 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)	# Days	Specify: Per week - or - Per Month	Consumed Amount (estimated %)

If needed, please further describe to provide clarity: _____

_____

_____

_____

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Hay / Browse

List types of hay and browse offered:

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

If needed, please further describe to provide clarity: _____

_____

_____

_____

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

If needed, please further describe to provide clarity: _____

_____

_____

_____

Other Food Items

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

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

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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 animal particularly prefer? Please describe.

Are there any food items that the animal does not particularly like and/or refuses? 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

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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/Product	Dose	Frequency

Are salt or trace mineral blocks provided?

☐ Yes ☐ No

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

_____

_____

_____

_____

_____