

DIET HISTORY FORM

10. Please list all **medications and supplements** your pet is currently receiving and any administered over the past three months (indicate * those that are current):

11. How do you **administer medications and supplements** to your pet? If foods such as peanut butter, cheese or Pill Pockets are used, please estimate amounts fed per day.

12. Please indicate whether your pet has experienced any of the following:

- Recent involuntary or unintended **weight change**:
 - weight gain **OR** weight loss How much? _____ lb.
 - Over what time period? _____
- Vomiting**: _____ times/day _____ times/week. Over what time period? _____
- Diarrhea**: _____ times/day _____ times/week. Over what time period? _____

13. Have you observed changes in any of the following:

- Urination **OR** Drinking What was the specific change? _____
Since when? _____
- Defecation What was the specific change? _____
Since when? _____
- Appetite What was the specific change? _____
Since when? _____

14. Does your pet have? allergies **OR** difficulty chewing swallowing

If so, please describe: _____

Current Diets

Please list below the brand or product names and amounts of ALL foods, snacks, and treats your pet **currently** eats. If you prepare a home-cooked diet, please separate out each ingredient, listing each ingredient on its own line.

Include human foods given as treats or at the table. Examples given in italics.

Brand Name	Food/Variety	Form/how cooked	Amount fed *per meal*	# of meals	Fed Since
<i>"Publix"</i>	<i>Chicken breast</i>	<i>baked</i>	<i>2 ounces</i>	<i>3 times per week</i>	<i>Appx. date</i>
<i>"Science Diet"</i>	<i>lamb & rice adult dog</i>	<i>dry</i>	<i>1 1/2 cups</i>	<i>Twice a day</i>	<i>June 2007</i>

ANIMAL'S BEST CHOICE VETERINARY HOSPITAL

PATIENT NUTRITION/DIET HISTORY

We ask that you complete this form so that we may better serve you and provide the best care for your pet.

Pet Name: Client Name:	DATE: <hr/> What is your pet's current weight: _____ lb. Do you think your pet is: Under weight _____ <div style="text-align: right; margin-right: 50px;">Over weight _____</div> <div style="text-align: right; margin-right: 50px;">Weight is just right _____</div>
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1. Is your pet housed: Indoor Outdoor Both Outside mainly for walks or exercise

2. Please describe your pet's activity level: _____

3. Do you have other pets? Yes No If yes, please list: _____

4. Is your pet fed in the presence of other animals? Yes No If yes, please describe:

5. Is food left out for your pet during the day or taken away after the meal?

6. Does your pet have access to other unmonitored food sources (i.e. food from a neighbor, cat food etc.)? Yes No If yes, please describe:

7. Who typically feeds your pet? _____

8. How do you store your pet's food? _____

9. Please list your pet's **current and past medical problems**, if any, and whether they have been resolved:

