

## Diet History Form

*For pet owner to complete. Please complete as accurately as possible. This improves care for your pet.*

### Owner information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Pet information:

Name: \_\_\_\_\_ ☐ Previous VHUP patient

Age: \_\_\_\_\_ ☐ Years ☐ Months Breed: \_\_\_\_\_

☐ Male ☐ Female Spayed/neutered: ☐ Yes ☐ No

Current weight: \_\_\_\_\_ ☐ kg ☐ lb

Currently, pet's weight is:

☐ Less than ideal ☐ Ideal ☐ More than ideal

Has your pet:

☐ Lost weight ☐ Stayed same weight ☐ Gained weight

If lost or gained: What amount? \_\_\_\_\_ ☐ kg ☐ lb

Over what time period? \_\_\_\_\_

Was this intentional? ☐ Yes ☐ No

Please list your pet's current medical problems:

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Please list any prior problems that have resolved:

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Please list all medications your pet currently receives (drug, dose, frequency):

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Percent of time pet spends indoors: \_\_\_\_\_ Outdoors: \_\_\_\_\_

Your pet's activity level: \_\_\_\_\_



Describe your pet's typical daily exercise:

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Have there been any changes in activity? ☐ Yes ☐ No

If yes, please describe what has changed: \_\_\_\_\_

When did you first notice this change? \_\_\_\_\_

If recommended, are you able to provide your pet with more frequent exercise? ☐ Yes ☐ No

### Does your pet have:

	No	Yes	If yes:	When did it start?	When does it occur?	How often (per week)?	What is the change?
Vomiting							
Nausea							
Regurgitation							
Diarrhea							
Constipation							
Problem chewing							
Problem swallowing							
Change in urination							

Pet's name:

Owner's name:

Date:

**Your pet's appetite:**

- ☐ Excellent- eats all food, immediately
- ☐ Good-eats most food, may not be at once
- ☐ Fair- eats some food, needs occasional coaxing to eat
- ☐ Poor- eats very little food, even with coaxing
- ☐ Absent- won't eat anything
- ☐ Variable- eats some food items with good/excellent appetite, but some with poor/fair appetite.

*If your pet's appetite is variable, please specify what items are preferred and not preferred:*

*Good/excellent:* \_\_\_\_\_

*Poor/fair:* \_\_\_\_\_

Has your pet's appetite changed? ☐ Yes ☐ No

*If yes, please describe what has changed:*

*When did you first notice this change?* \_\_\_\_\_

**Your pet's current diet:**

Please list below all pet food/treat/snacks/dental hygiene products/chews/rawhide products your pet currently receives and any additional human foods your pet receives as treats.

- Providing very specific information here allows the clinical nutritionist to evaluate your pet's diet and make recommendations highly customized to your pet's needs. Vague or incomplete information requires the clinical nutritionist to make assumptions about your pet's current diet; this increases the likelihood that recommendations made need future adjustments. Adjustments may incur an additional fee.
- *If you feed a home-prepared diet, please enter "home-prepared diet #1" in the table below and complete table 1 of the home-prepared diet history on page 5:*

Product	Brand	Form	Amount per feeding	Feedings per day	Fed since
<i>Ex: Dog Chow</i>	<i>Purina</i>	<i>Dry</i>	<i>1.5 cups</i>	<i>2</i>	<i>January 2010</i>
<i>Ex: Adult Gourmet Beef Entrée</i>	<i>Science Diet</i>	<i>Canned</i>	<i>½ can (13-oz)</i>	<i>3</i>	<i>March 2011</i>
<i>Ex: Medium biscuit</i>	<i>Milk Bone</i>	<i>Dry</i>	<i>2</i>	<i>4</i>	<i>September 2009</i>

Does your pet receive any dietary supplements? ☐ Yes ☐ No *If yes, please list them below:*

Product	Brand	Form	Dose	Doses per day	Used since
<i>Ex: Glucosamine</i>	<i>Kirkland</i>	<i>Capsule</i>	<i>750 mg</i>	<i>2</i>	<i>August 2012</i>

How do you administer medications or supplements to your pet (ex: placed in food, in ½ teaspoon peanut butter, in tablet-size chicken flavor Pill Pocket)?: \_\_\_\_\_

Does your pet have access to other food sources (ex: another pet's food, treats from neighbors, food dropped by child)?

☐ Yes ☐ No *If yes, please describe:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pet's name:

Owner's name:

Date:

### Your pet's previous diets:

Please list below all pet food/treat/snacks/dental hygiene products/chews/rawhide products and human foods your pet was fed regularly in the past. *If you fed a home-prepared diet, please enter "home-prepared diet #2," (or 3, 4, etc. as needed) in the table below and complete table 2 (or 3, 4, etc. as needed) of the home-prepared diet history on page 5:*

Product	Brand	Form	Amount per feeding (for canned diets, list can size)	Meals per day	Began	Ended	Reason discontinued
Ex: Lamb and Rice Adult	Purina ONE	Dry	1.5 cups	2	March 2008	January 2010	Other dog eats canned food
Ex: Adult Healthy Mobility	Science Diet	Dry	1 cup	3	January 2008	February 2008	Diarrhea
Ex: Large dental chew	Greenies	Chew	1	1	October 2006	January 2010	Became overweight

Has your pet received any dietary supplements that were recently discontinued? ☐Yes ☐No *If yes, please list:* \_\_\_\_\_

### Your household:

How many:

Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Age of children: \_\_\_\_\_

Who feeds your pet? \_\_\_\_\_

When is your pet fed? \_\_\_\_\_

Is food left out for your pet during the day? ☐Yes ☐No

How do you store your pet's food? \_\_\_\_\_

Other pets: ☐Yes ☐No *If yes, please list below:*

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Mostly indoors? ☐Yes ☐No

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Mostly indoors? ☐Yes ☐No

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Mostly indoors? ☐Yes ☐No

Do the pets have access to each other's food? *If yes, please describe:* \_\_\_\_\_

With food, is this pet dominant to others? ☐Yes ☐No

Is this pet submissive to others? ☐Yes ☐No

### Your veterinarian:

Doctor's name: \_\_\_\_\_

Clinic/hospital name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Your goals:

What are your nutrition-related goals for your pet?

*Please indicate all that apply.*

☐To get general information about pet nutrition

☐To find out if your pet's current diet is appropriate

☐To find an appropriate commercial diet

☐To obtain a balanced home-prepared diet for your pet  
*If yes, why?*

☐No appropriate commercial diet is available

☐Pet will not eat appropriate commercial diets

☐I prefer to prepare my pet's food at home

☐Other: \_\_\_\_\_

Pet's name:

Owner's name:

Date:

### Home-prepared diet formulation:

*If you want to obtain a balanced home-prepared diet for your pet, please complete the table below regarding your and your pet's ingredient preferences. **If you do not want a home-prepared diet for your pet, do not complete the table.***

Of the ingredients that your pet will eat and tolerate, and that you are willing to use, please rank the top 3-5 ingredients from each column according to your preference. *For example, if your pet has eaten and tolerated all of these items, but you would most prefer to prepare beef and sweet potato, rank both beef and potato as 1. It is possible that this may not be an ideal combination to meet your pet's nutritional needs. If turkey and barley would be your second choice, rank both of these as 2.*

*Please mark all that apply.*

	Never offered this item	Offered, refused this item	Ate this item, but didn't tolerate it	Ate this item with no problems	I prefer not to feed this item	Rank (your preference)
Beef						
Venison						
Bison						
Lamb						
Pork						
Rabbit						
Chicken						
Turkey						
Duck						
Salmon						
Tilapia						
Catfish						
Tuna						
Crab						
Shrimp						
Cottage cheese						
Yogurt						
Egg						
Tofu						

	Never offered this item	Offered, refused this item	Ate this item, but didn't tolerate it	Ate this item with no problems	I prefer not to feed this item	Rank (your preference)
White rice						
Brown rice						
Barley						
Polenta (corn)						
Quinoa						
Millet						
Oatmeal						
Pasta (wheat)						
Bread (wheat)						
Peas						
Beans						
Lentils						
Sweet potato						
White potato						
Tapioca (pearl)						

If you have any other specific restrictions or preferences, please list them: \_\_\_\_\_

\_\_\_\_\_

Pet's name:

Owner's name:

Date:

**Home-prepared diet history: if you have never fed your pet a home-prepared diet, do not complete this table.**

If you are currently, or in the past have fed your pet a home-prepared diet, please complete the tables as needed below.  
If you feed food items in rotation, please indicate this. For example, if you feed chicken **or** beef **and** sweet potato **or** rice, but always with carrots, complete the table as below.

Home-prepared diet #1: Fed from: \_\_\_\_\_ (date) To: \_\_\_\_\_ (date)

If you are no longer feeding this diet, why?: \_\_\_\_\_

Food item	Brand	Cooking method	Amount	Percent of time item is fed
Ex: Boneless, skinless chicken thigh	Tyson	Baked	1.5 cups	50
Ex: 15% lean ground beef	Harris Ranch	Pan-browned	1.5 cups	50
Ex: Sweet potato	Fresh	Baked	3 cups	50
Ex: White rice	Blue Ribbon	Steamed	3 cups	50
Ex: Baby carrots	Dole	Raw	6	100

How long does the amount described above last (ex: ½ day, 1 day, 4 days): \_\_\_\_\_

Home-prepared diet #2: Fed from: \_\_\_\_\_ (date) To: \_\_\_\_\_ (date)

If you are no longer feeding this diet, why?: \_\_\_\_\_

Food item	Brand	Cooking method	Amount	Percent of time item is fed

How long does the amount described above last (ex: ½ day, 1 day, 4 days): \_\_\_\_\_

Home-prepared diet #3: Fed from: \_\_\_\_\_ (date) To: \_\_\_\_\_ (date)

If you are no longer feeding this diet, why?: \_\_\_\_\_

Food item	Brand	Cooking method	Amount	Percent of time item is fed

Pet's name:

Owner's name:

Date:

**How long does the amount described above last (ex: ½ day, 1 day, 4 days):**\_\_\_\_\_