

**Diet History Form for Pet Owners
Clinical Nutrition Service**

**Please fax to 519.827.1219, Attention: Dr. Sarah Abood
Alternatively, please email to clnutrit@uoguelph.ca with the patient's name in the subject line.**

Date:
Your Name:
Email and/or phone contact information:

REASON FOR VISIT:

CURRENT DIET

Please list below, for each of the following categories, the precise names (including flavor, variety, size, if appropriate) and brands of **ALL commercial foods, snacks, treats and supplements**, your pet **currently** eats. Also specify how much and how often each food is fed. In case of a home-cooked diet, please list each ingredient on one line. This description should provide enough detail so we could purchase/prepare the food without any further questions.

1. **Main Diet:** commercial as well as home-cooked diets
e.g. Brand name, Dog chow - Dry - 1 ½ cups, 2/day - since May 2008
e.g. Chicken Breast, skinless - Boiled - 200 g, 3/week - June 2010

2. **Snacks & Treats:** treats, rewards, oral hygiene products, human foods, table scraps, food used to give pills
e.g. Brand name, Dental hygiene product - Dry - 1 stick (50 g)/week - since May 2008
e.g. Cheese, with pill, 10 g/day - since June 2010

3. **Supplements:** herbal products, fatty acid-, protein-, amino acid-, vitamin- and/or mineral supplements
e.g. Brand name, Fish oil (omega-3 fatty acids) - 1 tablet/day - since May 2008

PREVIOUS DIET

Please list below the brand or product names (if applicable) of ALL other foods, snacks, treats and supplements your pet received **in the past**, indicating the approximate time period when they were fed and the reason why they aren't fed anymore.

- e.g. Brand name, Kitten diet - Wet - From June 2005 to March 2006 - stopped because adult

HOUSEHOLD

1. How many adults are in your household?:

2. How many children are in your household, and how old are they?:

3. Do you have other pets?

No

Yes, specify: _____

Are they fed separately?

No

Yes

Do they have access to each other's food?

No

Yes

Is there competition for food?

No

Yes

4. Where is your pet housed?

Indoors

Outdoors

Both

FEEDING MANAGEMENT & BEHAVIOR

5. Who feeds your pet?

Only one person, Who? _____

Vary from day-to-day

6. Food is:

Always available during the day

Only available at certain times of the day,

When?: _____

How many meals?: _____

7. Does your pet:

Eat the food as soon as it is offered?

No

Yes

Graze throughout the day?

No

Yes

Eat all the food offered?

No

Yes

Beg for food between the meals?

No

Yes

8. Has your pet's attitude towards food changed?

No

Yes, specify:

9. Does your pet have access to unmonitored food sources?

- No
- Yes

Yes, specify:

- Treats from neighbours
- Treats from children
- Steals other pets food
- Get into garbage, scavenge
- Catch prey/ Hunt
- Other, specify: _____

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

11. Where do you buy your pet's food?

- Veterinarian
- Pet store
- Grocery store
- Other, specify: _____

12. What is important when choosing a pet food?

- Price/value
- Convenience to purchase
- Quality of ingredients
- Natural/organic/holistic
- Skin/coat
- Oral/dental care
- Stool quality
- Palatability
- Longevity
- Food sensitivity/allergies

13. What do you use as source of information?

- Veterinarian
- Breeder
- Pet store
- Friend/family
- Book/magazine
- Internet
- Other, specify: _____

ACTIVITY

14. How active is your pet?

- Hyperactive
- Very active
- Average
- Not very
- Hardly moves

15. Is your pet walked regularly?

- No
 - Yes, How often?: _____
- How far?: _____

16. Does your pet have access to a yard?

- No
- Yes, How large?: _____

17. Has your pet participated in training/competition?

No

Yes, specify: _____

18. Have there been any recent changes in activity?

No

Yes, specify: _____

19. Would increasing exercise be feasible?

No

Yes, specify: _____

MEDICAL HISTORY

20. Please list your pets current and past medical problems, if any: _____

21. Please list all medications your pet is currently receiving: _____

22. Does your pet have difficulty chewing/swallowing?

No

Yes, specify: _____

23. Has your pet recently gained or lost weight?

No

Yes, specify: _____

24. Does your pet have allergies?

No

Yes, specify: _____

THANK YOU FOR FILLING OUT THIS FORM. WITH THIS INFORMATION WE CAN PROVIDE THE BEST NUTRITIONAL CARE FOR YOUR PET.