**DIET HISTORY QUESTIONNAIRE**

**Please take your time and fill out the following questionnaire as thoroughly as possible so we can develop the best nutritional plan for your pet:**

|  |  |
| --- | --- |
| **Pet’s name** |  |
| **Species** | Dog Cat |
| **Breed** |  |
| **Age** |  |
| **Sex** | Male Female |
| **Neutered/spayed?** | Yes No |
| **Today’s Date** |  |

**PART 1**

Pet’s activity: Very active Moderately active Not very active

Describe your pet’s activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where does your pet spend most of the time?

Indoors Outdoors Indoors and outdoors just for walking

How would you describe your pet’s weight?

Overweight Ideal weight Underweight

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

How do you store your pet’s food (describe)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have access to unmonitored food (for example from a neighbor)? Yes No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet been previously diagnosed with a medical condition? Yes No If yes, please list, and indicate if it is an ongoing issue or if it has been resolved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give any medications to your pet? Yes No

If yes, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What food/treat do you use to give medications (**include amount and frequency**)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your pet’s appetite?

Decreased Normal Increased

Has your pet experienced the following?

Weight loss Weight gain If so, how much: \_\_\_\_\_\_ lb kg

Was it intentional or unintentional? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have:

Vomiting? Yes No

If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diarrhea? Yes No

If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Increased water intake? Yes No

If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decreased water intake? Yes No

If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies?: Yes No

If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2**

**CURRENT FOOD**

Please list below the brands and product names and the amount of **ALL foods, treats, snacks, dental hygiene product, raw hides, and any other food items** that your pet currently eats including foods used to administer medications:

(Note: there is *another* table for previous/discontinued foods below. DO NOT INCLUDE DISCONTINUED items on this table).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Food**  **(include brand)** | **Form** | **Amount** | **Number of meals per day** | **Fed since** |
| *Example:*  *Purina*  *SmartBlend*  *Sensitive Systems Formula Adult*  *Dog* | *Dry* | *1 cup* | *Twice daily* | *June 2018* |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

\*\*\* If you prepare your pet’s food at home, please write down each ingredient on a **separate line** of the table above.

**CURRENT SUPPLEMENTS**

Do you give any dietary supplements to your pet (for example vitamins, glucosamine, fatty acids, probiotics, or any other kind of supplement)? No Yes

If yes, please list below the brands and amounts of supplements that you currently give:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplement** | **Form** | **Amount** | **Number times per day** | **Given since** |
| *Example:*  *Nutramax*  *Dasuquin with*  *MSM Soft Chews Joint Supplement for Dogs* | *Chew* | *1 chew* | *Once daily* | *Sep 2017* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PART 3**

**PAST FOOD**

Please list below the brands and product names and the amount of ALL foods, treats, snacks, dental hygiene product, raw hides, table scraps, and any other foods that your pet was fed before and that you have **currently discontinued**.

*This section is especially important if we will be treating your pet for food allergies.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Food**  **(include brand)** | **Form** | **Started** | **Discontinued** | **Reason**  **discontinued** |
| *Example:*  *Hill’s Science Diet Adult Chicken & Barley Entree Dog* | *Canned* | *Jan 2018* | *May 2018* | *Diarrhea* |
|  |  |  |  |  |
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**PAST SUPPLEMENTS**

Did you give any dietary supplements to your pet (for example vitamins, glucosamine, fatty acids, probiotics, or any other kind of supplement) before that you have already discontinued? No Yes

If yes, please list below the brands and amounts of supplements that you **gave before**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplement** | **Form** | **Started** | **Discontinued** | **Reason**  **discontinued** |
| *Example:*  *Greenies Hip &*  *Joint Dog*  *Supplements* | *Chew* | *Nov 2008* | *Aug 2010* | *Decided to try*  *another brand* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PART 4**

**PET DIETARY PREFERENCES AND RESTRICTIONS**

What ingredients will/can your pet eat?

If known, please mark the protein and carbohydrate sources that are both palatable and tolerated by your pet. If you have specific personal preferences, please let us know.

|  |  |
| --- | --- |
| **Protein sources** | **Carbohydrate sources** |
| Ground beef | White rice |
| Turkey | Brown rice |
|  |  |
| Chicken | Barley |
| Pork | Oatmeal |
| Lamb | Quinoa |
| Egg | Millet |
| Cottage cheese | Pasta |
| Whitefish | Polenta (corn) |
| Crab | White potato |
| Shrimp | Sweet potato |
| Tuna | Lentils |
| Salmon | Green peas |
| Tofu | Tapioca |

Please indicate if there are additional ingredients that your pet does not enjoy or tolerate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your time!

**Filling out this questionnaire the best you can will help us develop an appropriate nutritional plan for your pet.**

Belen Barragan, DVM, DACVIM (Nutrition)