



Short Diet History Form

Please answer the following questions about your pet

Pet's name: _____ Species/breed: _____ Age: _____

Owner's name: _____

Date form completed: _____

Gender male female Neutered/spayed **No** **Yes**

1 How active is your pet? **Very active** **Moderately active** **Not very active**

2 How would you describe your pet's weight? **Overweight** **Ideal weight** **Underweight**

3 Where does your pet spend most of the time? **Indoors** **Outdoors** **Indoors and outdoors**

Please list below the brands and product names (if applicable) and the amount of ALL foods, treats, snacks, dental hygiene product, rawhides and any other foods that your pet currently eats, including foods used to administer medications:

Food	Form	*Amount	Number	Fed since
Examples:				
• Purina Dog Chow	<i>dry</i>	<i>1 ½ cups</i>	<i>2x/day</i>	<i>Jan 2010</i>
• Science Diet Adult Gourmet Beef Entrée	<i>moist</i>	<i>½ can</i>	<i>2x/day</i>	<i>Jan 2010</i>
• 90% lean hamburger	<i>pan-fried</i>	<i>3 oz (85 grams)</i>	<i>1x/week</i>	<i>May 2011</i>
• Milk Bone medium	<i>dry</i>	<i>2</i>	<i>3/day</i>	<i>Aug 2012</i>

*If you feed by volume, what size measuring device do you use? _____

*If you feed tinned/canned food, what size tins/cans? _____

4 Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? **No** **Yes**

If yes, please list brands and amounts: _____

Information below to be completed by the veterinarian:

Current body weight: _____ Ideal body weight: _____

Current body condition score* ____/9 or ____/5 *Refer to the body condition scoring chart

Muscle Condition Score: normal mild wasting moderate wasting severe wasting

