**DIET HISTORY FORM**

**Date:** _______________________________________________

**Case Number:** ________________________________________

**Owner Information**
Name: _______________________________________________
Email address: ________________________________________
Phone (home): ________________________________________
Phone (cell): __________________________________________
Best time to call: _______________________________________

**Pet Information**
Name: _________________________________________ Age: ________
Species: _____________________ Breed: ___________________
Gender: ☐ Male ☐ Female ☐ Neutered/spayed: ☐ Yes ☐ No
Current weight: _____________ Usual weight: _____________
Body condition score (1–9): _____
Evidence of muscle wasting  ☐ None ☐ Mild ☐ Severe

**Reason for Visit**
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

**Household Demographics**
How many adults are in your household? _____________
How many children are in your household, and how old are they?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Where is your pet housed?  ☐ Indoors ☐ Outdoors ☐ Both
Do you have other pets? ☐ Yes ☐ No ☐ If so, please list species
and specify if they live indoors or outdoors.
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

**Feeding Management**
Who typically feeds your pet? _______________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
When is your pet fed? _______________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Is food left out for your pet during the day?  ☐ Yes ☐ No
Does your pet have access to other, unmonitored food sources
(e.g., treats fed by neighbor, food left for outdoor cats)?
☐ Yes ☐ No
If yes, please describe: _________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

If you have more than one pet, do they have access to each other’s food?  ☐ Yes ☐ No  ☐ If yes, please describe:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

How do you store your pet’s food? ___________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

**Activity**
How active is your pet?
☐ Hyperactive ☐ Very active ☐ Average
☐ Not very active ☐ Hardly moves
How often is your pet walked?
☐ At least 3 times/day ☐ 1-2 times/day ☐ Once a day
☐ Seldom ☐ Never
Do you have access to a yard? ☐ Yes ☐ No
Is it difficult to exercise your pet? ☐ Yes ☐ No
Can exercise be increased? ☐ Yes ☐ No
Has your pet participated in training? ☐ Yes ☐ No
Has your pet participated in competition? ☐ Yes ☐ No
### Behavior

How does your pet act toward food?
- ❏ Greedy
- ❏ Indifferent
- ❏ Shows avoidance

Has your pet’s attitude toward food changed? If so, describe:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you have other pets, is this pet dominant or submissive to them?
- ❏ Dominant
- ❏ Submissive

Has your pet recently lost or gained weight? If so, please describe:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have there been any recent changes in activity level?

________________________________________________________________________
________________________________________________________________________

Have you observed any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>❏ Yes</th>
<th>❏ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea/salivation</td>
<td></td>
<td></td>
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<tr>
<td>Difficulty chewing</td>
<td></td>
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<tr>
<td>Difficulty swallowing</td>
<td></td>
<td></td>
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<tr>
<td>Vomiting</td>
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<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
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<tr>
<td>Constipation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have there been any changes in urination? ❏ Yes ❏ No

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### Diet

For each of the following categories, list the brand names (if applicable) and amounts of all foods your pet eats daily, as well as how often each food is fed (e.g., twice a day).

**Commercial foods**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Commercial treats; dental hygiene products**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Table foods or scraps; home-prepared foods**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Dietary supplements; food used to give pills**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List anything else given by mouth (e.g., medications):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is your pet’s current diet a change from its typical diet? ❏ Yes ❏ No

If so, please describe the change and why the diet was changed.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you open to making a change in your pet’s diet? ❏ Yes ❏ No

What are your pet’s food preferences?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What foods does your pet refuse?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are there foods to which your pet is allergic? ❏ Yes ❏ No

If so, which foods?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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