

Nutritional Assessment History Form

1. Pet's name, breed, gender, neuter status:

2. Pet's body weight today: _____

3. Pet's environment: _____
 - a) Indoor only/ Outdoor only/Both? _____

 - b) Fenced yard or kennel? _____

 - c) Free-roaming? _____

 - d) Other pets in the home? List number and type:

 - e) Estimate amount of daily exercise:
 - Daily walks: _____

 - Play time: _____

 - Swimming: _____

4. Dietary History
 - a) Who feeds, when and how much? _____

 - b) Water sources and availability? _____

 - c) Brand name(s) and manufacture(s) of food:
 - Dry food type: _____

 - Canned food type (if applies): _____

 - Amount of food offered? _____

 - Frequency of feedings? _____

 - What size cup? _____

 - What size bowl? _____

- Types of treats (names)? Ex: Milk bones, rawhides, greenies, etc.

- Frequency and size of treats fed daily?

- Types of supplements?

- Frequency and amount of each supplement?

- Is your pet fed table scraps or any people food? _____

- What types and estimate how much

daily/weekly: _____

5. Do you prefer to feed once a day, twice, three? _____

6. Do you or your pet prefer dry or canned food? _____

7. Are there any treats/bones that you absolutely WANT to give your pet?

8. Do you give cheese, peanut butter, etc. when giving any medications? If so how often and how much? _____