

# TELL ME MORE...

Nutrition plays a paramount role in your pet's health and quality of life. By helping us fill out the following diet history form, you can support us in determining the most appropriate nutritional solution for your pet.

Pet Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Tell me about what your pet eats from the time they wake up until the time they go to bed – please be as specific as possible. This can include any of the following: dry and wet food, human food, treats, rawhides, bones, chews, etc...

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2. With respect to treats and human foods, are there any your pet has had in the past that were not listed in response to question #1? For example, on special occasions such as birthdays, holidays, or celebrations?

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3. Are you currently feeding, or have you fed, any of the following?

- a) Vitamins  Yes  No Brand: \_\_\_\_\_ Last Fed: \_\_\_\_\_
- b) Minerals  Yes  No Brand: \_\_\_\_\_ Last Fed: \_\_\_\_\_
- c) Supplements  Yes  No Brand: \_\_\_\_\_ Last Fed: \_\_\_\_\_
- d) Medications  Yes  No Brand: \_\_\_\_\_ Last Fed: \_\_\_\_\_
- e) Toothpaste  Yes  No Brand: \_\_\_\_\_ Last Fed: \_\_\_\_\_
- f) Parasite Prevention  Yes  No Brand: \_\_\_\_\_ Last Fed: \_\_\_\_\_
- g) Bones / Antlers  Yes  No Type: \_\_\_\_\_ Last Fed: \_\_\_\_\_
- h) Rawhides / Pig ears  Yes  No Type: \_\_\_\_\_ Last Fed: \_\_\_\_\_
- i) Flavoured Toys  Yes  No Brand: \_\_\_\_\_ Last Fed: \_\_\_\_\_

4. Tell me about your pet's diets. Please include past and present diet history:

| Food           | Company     | Was this food recommended?                               | Who recommended this food? | Date since fed | Amount (grams or cups) | Form | Reason for change |
|----------------|-------------|--|----------------------------|----------------|------------------------|------|-------------------|
| Ex. Urinary SO | Royal Canin | <input type="checkbox"/> Yes <input type="checkbox"/> No | Veterinarian               | August 2015    | 112 g per day          | Dry  | Stone dissolution |
|                |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                |                        |      |                   |
|                |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                |                        |      |                   |
|                |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                |                        |      |                   |
|                |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                |                        |      |                   |
|                |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                |                        |      |                   |

5. Do you have any other pets in your home or on the property? (eg. cat, hamster, bird)

Yes  No

a) If yes, what are they currently eating?

Pet: \_\_\_\_\_ Diet Name: \_\_\_\_\_ Brand: \_\_\_\_\_

Pet: \_\_\_\_\_ Diet Name: \_\_\_\_\_ Brand: \_\_\_\_\_

Pet: \_\_\_\_\_ Diet Name: \_\_\_\_\_ Brand: \_\_\_\_\_

b) Do the pets ever eat each other's food?

Yes  No

