

# DIET HISTORY FORM

Return to: [vmc.info@usask.ca](mailto:vmc.info@usask.ca)

Pet's name: \_\_\_\_\_ Your name(s): \_\_\_\_\_ Today's date: \_\_\_\_\_

1. How would you assess your pet's appetite? On a scale of 1-10 with 1 being poor and 10 being excellent: \_\_\_\_\_

2. Have you noticed a change in your pet's appetite? (check all that apply)

☐ Eats about the same amount as usual

☐ Eats less than usual

☐ Eats more than usual

☐ Seems to prefer different foods than usual

☐ Other \_\_\_\_\_

Does your pet beg for food between meals? \_\_\_\_\_

Any other description/information you want to include? \_\_\_\_\_

3. Has your pet: ☐ Lost weight ☐ Gained weight ☐ Stayed about the same ☐ Don't know  
Over what time period? \_\_\_\_\_

4. **Please list ALL pet foods, people food, treats, snack, dental chews, rawhides, etc. that your pet eats and include photos of product packages if possible** (this is really helpful to us). Otherwise please write exact brand, product name and flavor, in entirety, so we can find exactly what your pet is eating. *If your pet has been eating the current diet/foods (or different amounts) for less than 1 year, include previous diet information. Examples are shown in the table.*

Current Foods (include specific product and flavor)	Form	Amount	How often?	Fed since
<i>Ex: Nutro So Simple Adult with Beef</i>	<i>kibble</i>	<i>1 ½ cup</i>	<i>2x/day</i>	<i>July 2022 (2 cups Jan-July)</i>
<i>Ex: Purina ONE SmartBlend Chicken &amp; Brown Rice Entree</i>	<i>Can</i>	<i>¼ can</i>	<i>2 x/day</i>	<i>July 2022</i>
<i>Ex: 85% lean hamburger</i>	<i>Pan-fried</i>	<i>50 g</i>	<i>1x day</i>	<i>Several years</i>
<i>Ex: Zuke's Mini Naturals Chicken Recipe</i>	<i>treat</i>	<i>1</i>	<i>3x/day</i>	<i>2020</i>

*\*Please include any additional diet information that doesn't fit here in the space at the bottom +/- additional page.*

5. Do you give any dietary supplements (examples: fish oil, vitamins, herbals, joint supplements, fiber, probiotics, other)?  
**If yes, please list which ones and give brands and amounts (send photos please!):**

Supplement Type, Name, Concentration	Amount	How Often?	How long/since when?

6. How do you administer pills/medications/supplements to your pet?

☐ I do not give any medications

☐ I put them directly in my pet's mouth without food

☐ I put them in my pet's food

☐ I put them in a Pill Pocket (brand, size, number):

☐ I put them in foods (list foods & amounts): \_\_\_\_\_

**Additional diet or supplement information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_