

Clinical Nutrition Service

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DIET HISTORY FORM

Date: _____ **VMC Case Number (if applicable):** _____

Pet's Name: _____

Client Name(s): _____

Preferred contact: _____

Who feeds this pet? _____ **Other people in home?** _____

Is food: always available only available at specific times (when? _____)

How many meals per day? _____

How is your pet's food stored? _____

Other pets in house? _____

Any competition for food between pets? No Yes _____

Is this pet fed from the same bowl as other pets in the house? _____

Are any pets in the household fed raw (uncooked) animal products (meat, eggs, dairy, etc)? No Yes

How would you describe your pet's appetite:

Is your pet's appetite currently: normal decreased increased variable

If increased or decreased, for how long? _____

Has your pet's appetite changed? Yes No **When?** _____

Food preferences or attitude towards food changed? Yes No **When?** _____

How would you describe your pet's appetite historically and currently? _____

Will your pet eat treats or human foods if they are offered? No Yes _____

Does your pet currently beg for food between meals? No Yes _____

If yes: Always (*regardless of food*) Only for specific foods (*please describe*)

Does your pet ever get into the trash or compost? No Yes _____

Does your pet potentially have access to unmonitored food sources? No Yes

Examples: free-roaming pets, visits to a neighbor, steals from another pet, small children, catches prey, etc)?

Changes in drinking water? No Yes _____

Do you give any supplements to your pet (for example: vitamins, minerals, joint supplements, fatty acids, fish oil, herbs, etc.)? Yes No

If yes, please list with brand name and amounts given: _____

FOOD HISTORY

*Due to the abundance of options available –
Photos/Images help avoid misunderstanding*

Please include images of food packaging. All foods, snacks, dental hygiene, rawhides, and other treats or edible items should be included in the diet history.

Everyone in the household should think through daily routines (*from waking to bedtime*) to capture all interactions with pet and edible items that may be given. **If diet varies or you are uncertain, keep a food journal for 7-14 days.**

Include images of any measuring devices used (*scoops, cups, spoons, scales, etc.*).

If you normally measure foods by volume only, **including weights** (*using a kitchen scale*) is **extremely helpful**. Continue to measure out food as you normally would, then weigh on a tared kitchen scale prior to feeding for a few days and record (*you may find the weights vary slightly from day to day*).

CURRENT DIET

Brand + Food & Variety	Form	Amount	How often	Fed since
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Examples:

Purina Dog Chow Complete Adult with Chicken, Dry kibble,		½ cup	2x /day (1 cup/day)	Jan. 2014
Nutro Cuts in Gravy Grain Free Savory Lamb & Vegetable Stew,		1 tray (100 g)	split over meals, lasts 3 days	Jan 2014

CURRENT TREATS

Examples:

Milk Bone Medium Biscuits		1 biscuit	3x/day (3 biscuits/day)	Sept. 2013
Fresh banana		½ (~62 grams)	1 x per day	Fall 2013

Are medications/supplement administered in foods other than those listed above? Yes No

If yes, please describe. *Ex: 1 tsp. Adams' Creamy Peanut Butter per day; 2 Beef Pill Pockets for tablets/day*

PREVIOUS DIETS, TREATS, FOODS:

**Please include as much information as possible or what you remember*

Brand	Food	Type	Amount <i>(if known)</i>	From - to	Reason discontinued
Examples:					
Hill's Science Diet	Puppy formula	dry	½-1 cup per day	Jan - Dec 2011	Became adult
"X-brand"	Adult lite, beef flavor	canned	1 can per day	June - July 2012	Diarrhea

List any foods, treats, supplements that your pet doesn't tolerate (and why)

***Example: I fed my dog salmon a few times but he would get diarrhea, so I stopped.*

Any other dietary components or information not covered in the previous section?
