



# Nutritional History

Canine       Male      Spayed or Neutered?  
 Feline       Female       Yes    No

\_\_\_\_\_

Breed

\_\_\_\_\_

Pet's Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Owners Name

\_\_\_\_\_

Previous surgeries besides spay/neuter

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Address

\_\_\_\_\_

Previous medical conditions requiring hospitalization

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

Email

\_\_\_\_\_

Name of Pet Food

Dry    Canned

\_\_\_\_\_

Amount Fed Per Day / Measurement Method

\_\_\_\_\_

Why did you start this diet?

Are you satisfied with this diet?    Yes    No    Somewhat

Do you give treats?    Yes    No      If so what kind? \_\_\_\_\_

Do you use dental chews?    Yes    No      If so what kind and how often? \_\_\_\_\_

Do you use anything in addition to the above to give medications? \_\_\_\_\_

Does your pet receive food from the table?    Yes    No

What type and how often? \_\_\_\_\_