



SMALL ANIMAL DIET HISTORY FORM

To be completed by client

Please Return to Dr. Meri Stratton-Phelps at:

3407 Millbrook Court

Fairfield, CA 94534

This form can be faxed to:

916-244-2665

Date: _____

Client Name: _____

Client Phone Number: _____

Client Address _____

Best time to call: _____

Veterinarian: _____

Veterinarian Phone Number: _____

HOUSING AND EXERCISE

1. Is your pet housed Indoors Outdoors Both

2. Do you take your pet outside for walks? Yes (if yes, please specify) No

3. Does your pet have access to a large yard/pasture area to run/roam? Yes (if yes, please specify) No

4. Do you have other pets at home? Yes (if yes, please specify types of animals and ages) No

5. How does this pet interact with the other animals in your home?

6. Has the activity level of your pet changed in the past week/month/year? Yes (if yes, please describe) No

- 7. Is your pet the dominant pet in the home? Yes No
- 8. Do you show or compete with your pet? Yes No
- 9. If yes, at what level do you compete with your pet?

FEEDING PRACTICES

1. How often do you feed your pet?

2. How do you feed your pet? (once daily, twice daily, free feed?)

3. Do you feed your pet at the same time as the other pets in your home? Yes No

4. Do you feed your pet the same type of food as the other pets in your home? Yes No (If no, please describe)

5. Does your pet have access to other food sources (food from a neighbor, etc.)? Yes No (If yes, please describe)

6. Who typically feeds your pet?

7. How do you store your pet's food?

8. Do you feed your pet table scraps? Yes (If yes, please describe type and frequency) No

9. Describe the access your pet has to water (number of bowls, frequency that water is changed)

10. Does your pet finish all of the food it receives at each feeding? Yes No

If no, what types of feed does your pet leave behind?

11. Has your pet had a change (increase or decrease) in body weight or body condition score lately? Yes No

If yes, please describe

12. Has your pet demonstrated or shown a change in any of the following clinical signs?

- Vomiting Diarrhea Appetite Urination Chewing/Swallowing Salivation

IF YES, please describe how long you have noticed the change, the specific change that you noticed, and if you think the change is associated with food consumption.

13. What type of food (commercial, human) would you be willing to feed to your pet?

DIET

1. Please list information for **ALL** of the types of feed that you give to your pet, or that your pet can access. Include all treats and supplements that you give to your pet. Please include the **AMOUNT** of food offered (**in ounces, cups or grams**) and the **BRAND** of any commercial food or human food product. For amount, please give a measurement (ie: cup, tablespoon), or a weight if larger quantities are fed (ie: grams, ounces).

BRAND/PRODUCT/FOOD		FREQUENCY	AMOUNT	FED SINCE
EXAMPLES	<i>Pedigree Adult dry dog food</i>	<i>Twice a day</i>	<i>Two cups</i>	<i>May 2006</i>
	<i>Baby carrots</i>	<i>Three times a week</i>	<i>Three carrots</i>	<i>January 2008</i>
	<i>Chicken breast</i>	<i>Twice a week</i>	<i>1/2 cup</i>	<i>January 2008</i>

2. What other feeds have you offered to your pet, before feeding this current diet? Please list all commercial diets, treats and supplements.

3. What feeds will your pet REFUSE to eat (protein and carbohydrate sources)?

4. What NOVEL (new) protein and carbohydrate sources WILL your pet eat?
