



## 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

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

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

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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

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- 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?

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**FEEDING PRACTICES**

1. How often do you feed your pet?

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

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

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

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

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6. Who typically feeds your pet?

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

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

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

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**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?

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

If yes, please describe

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**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.

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

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## 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.

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

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

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