



DIET HISTORY FORM[©]

Nutrition Support Service
Veterinary Medical Teaching Hospital
University of California, Davis
FAX: (530) 752-7901

	DATE: _____
	REASON FOR TODAY'S VISIT:
	WEIGHT (lb.): _____ & _____ <i>Current</i> <i>Ideal</i> BODY CONDITION SCORE (1-9): _____

▼ **BELOW TO BE COMPLETED BY CLIENT** ▼

Is your pet housed indoors outdoors both outside mainly for walks or exercise. Please describe pet's activity level (i.e. type, duration & frequency):

Do you have other pets? Yes No If so, please list: _____

Is your pet fed in the presence of other animals? Yes No If yes, please describe: _____

Does your pet have access to other unmonitored food sources (i.e. food from a neighbor, cat food etc.)? Yes No If yes, please describe: _____

Who typically feeds your pet? _____

How do you store your pet's food? _____

Please list below the brand or product names (if applicable) and amounts of ALL foods, snacks, and treats your pet currently eats. *This description should provide enough detail that we could go to the store and purchase the food. It should include human foods given as treats or at the table. Two examples are given in italics.*

Brand/Product/Food	Form	Amount Fed Per Meal	# of Meals	Fed Since
<i>Purina Dog Chow</i>	<i>dry</i>	<i>1 1/2 cups</i>	<i>twice a day</i>	<i>May 2000</i>
<i>Boneless Chicken (white meat)</i>	<i>boiled</i>	<i>2 ounces</i>	<i>three times a week</i>	<i>June 1998</i>

Is food left out for your pet during the day or taken away after the meal?

Please list other diets your pet has received in the past, indicating the approximate time period when they were fed. *An example is given in italics.*

Brand/Product/Food	Form	From	To	Reason Stopped
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EXAMPLE:

<i>Hill's Science Diet Feline Growth</i>	<i>can</i>	<i>June 1999</i>	<i>March 2000</i>	<i>became an adult</i>
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Please list the name of each additional supplement your pet receives, indicate how much and how often your pet receives it (i.e. herbal product, fatty acid, vitamin or mineral supplement):

Please list your pet's current and past medical problems, if any, and whether they have been resolved or not.

Please list all the medications your pet is currently receiving and any administered over the past three months (indicate medications that are current):

Please check the box, and indicate frequency, if the following problems have been experienced by your pet prior to today's visit:

Recent involuntary or unintended weight gain **OR** weight loss

How many pounds? _____ Over what time period: _____

Vomiting _____ times/day _____ times/week

Diarrhea _____ times/day _____ times/week

Have you observed changes in any of the following:

Urination **OR** Drinking What was the specific change? _____
Since when? _____

Defecation What was the specific change? _____
Since when? _____

Appetite What was the specific change? _____
Since when? _____

Does your pet have? allergies **OR** difficulty chewing swallowing

If so, please describe: _____

Please fill out this page ONLY if a home-cooked diet formulation is being requested or may be needed.

- **Patient Dietary Preferences** (What ingredients will the patient be willing to eat?):

Protein Sources

Beef	pork
chicken	salmon
cottage cheese	tofu
crab	tuna
egg	turkey
lamb	whitefish

Carbohydrate Sources

barley	potato, white
millet	quinoa
oatmeal	rice, brown
pasta, spaghetti	rice, white
peas, green	tapioca
potato, sweet	

other:

If diet formulation is needed due to an adverse reaction to food(s), please provide us with some options of protein and carbohydrate sources that are both *palatable* AND *tolerated* by your pet. This will need to be determined prior to submitting this consult.