

Sample Diet History Form

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Obtaining a patient's thorough dietary history that includes information about the food, brand(s), formulation, and flavor, as well as accurate feeding amounts and other foods (eg, treats, chew, table food, foods used to administer medication) is crucial. Use this form to obtain all the necessary formation.

Patient's name: _____ DOB _____

Male Female Neutered/Spayed Weight _____ BCS _____

Species _____ Breed _____

Please list your pet's current diet:

- Brand:
- Consistency (canned/dry):
- Flavor:

How is the pet fed?

- Meals or free choice?
- How much is offered?
- Amount fed per meal?
- Number of meals fed per day?
- Feeding pattern has been since:

List all treats and table food the pet is given in addition to regular diet:

- Brand:
- Flavor:
- Food given in addition to current pet food:
- Quantity fed per day:

Describe your pet's activity level and exercise routine:

List everyone living in the household, including children and other pets:

How and where are other pets fed?

Is the pet allowed outside unattended?

Does the pet have access to unmonitored food sources?

Who typically feeds this pet?

Do you measure the amount of your pet's food with an 8 oz measuring cup or scale?

Do you use food to administer medication?

Do you use treats, chews, or pet toothpaste for your pet's dental health?

List your pet's past diets:

List all the supplements and medications, including doses and amounts, your pet currently receives:

What toys does your pet enjoy?

Has your pet been vomiting?

Have you noticed any change in toileting habits?

Have you noticed any change in appetite?