

Oradell Animal Hospital

Diet History Form

Current body weight _____

Usual body weight _____

Do you consider your pet:

Overweight _____

Underweight _____

Ideal _____

Please list below the brand or product names (if applicable) and amounts of ALL foods, snacks, and treats including biscuits, rawhides, pig's ears, etc. 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. Please include EVERYTHING your pet eats. Two examples are given in italics.*

Brand/Product/Food	Form	Amount Fed		Fed Since
		Per Meal	# of Meals	
<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>

Please describe pet's activity level (i.e. type, duration & frequency):

Do you have other pets? Yes No If so, please list (species, age): _____

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, scavenging from the yard/trash, hunting outdoors, etc.)? Yes No If yes, please describe: _____

Who typically feeds your pet? _____
How do you store your pet's food? _____

Do you use food to administer medication? If yes please describe type of food and amount _____

(OVER)

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
<i>Hill's Science Diet Feline Growth</i>	<i>can</i>	<i>June 1999</i>	<i>March 2000</i>	<i>became an adult</i>

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: _____
