

Clarksburg Animal Hospital Nutrition History Form

Date _____

| Patient Name | Owner Nam | e | | |
|--|---------------------|---------------------|------------------|------------|
| | | | | |
| How Active is Your Pet? Very Act | ive Average | e Not Very Ac | tive Mostl | y Inactive |
| How Often is Your Pet Walked? | 3+ times/day | 2 times/day | Once/day | Seldom |
| Any Other Exercise? (Running, Ball/F | risbee Play, Hiking | , etc) Daily? Weel | kly? Please desc | cribe. |
| | | | | |
| Do you have other pets? Yes | _ No | Are they fed sep | arately? Yes | No |
| Does your pet have access to other | er food (outdoors | s, off the counter/ | floor, etc)? Yes | No |
| Please describe. | | | | |
| Do you measure out the food with | a measuring cu | o? Yes No | | |
| Please list all foods you pet eats, he Include brand name, type, flavor, o | | | | |
| Food | | Amount (unit | <u>s)</u> | Times/day |
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| Do you give any dietary supplements to your pet? (Vitar | mins, glucosamine, fatty acids, coconut oil, etc) |
|---|---|
| Yes No List brands and amounts. | |
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| What are your pet's food preferences? | |
| What are your pers lood preferences: | |
| | |
| What foods does your pet refuse? | |
| | |
| | |
| Indicate any health issues your pet has or has had in t | he past: |
| Seasonal Allergy/Skin Problems | Heart Condition |
| Food Allergies/Skin & Intestinal | Anxiety |
| Urinary Problems | Bladder Stones |
| Arthritis/Joint Injury | Diabetes Mellitus |
| Colitis/Diarrhea | IBD/Diarrhea |
| Chronic Vomiting | Pancreatitis |
| Cancer | Overweight |
| Cushing's Disease | Hypothyroidism |
| Cognitive Dysfunction (Dimentia) | Seizures |
| Liver Disease/Inflammation | Kidney Disease |