

Diet History Form

Please answer the following questions about your pet and return to NAAH for evaluation

Date _____ Species _____ Pet's name _____ Owner's name _____
 Breed _____ Date of birth _____
 Gender _____ Neutered/spayed **No** **Yes**

1. Where is your pet housed? **Indoors** **Outdoors** **Both**
2. How active is your pet? **Very active** **Average** **Not very active** **Mostly inactive**
3. How often is your pet walked? **At least 3 times/day** **1-2 times/day** **Seldom**
4. Do you have other pets? **No** **Yes**
- Are pets fed separately? **No** **Yes**
5. Does your pet have access to other, unmonitored food sources? **No** **Yes**
- If yes, please describe _____
6. Does the pet have a good appetite? **No** **Yes**
7. Who feeds your pet? _____
8. Have you made any recent changes in diet (last 4 weeks)? **No** **Yes**
- If so, please note what the change was and why you made it: _____

9. Please list below the brands and product names (if applicable) and amounts of ALL foods, treats, snacks, dental hygiene product, rawhides, and any other foods that your pet is currently eating.

Food	Form	*Amount	Number	Fed since
<i>Examples:</i>				
Purina Dog Chow	dry	1 ½ cups	2x/day	Jan, 2004
Science Diet Adult, Gourmet Beef Entrée	moist	½ can	2x/day	Jan, 2004
90% lean hamburger	pan-fried	3 oz	1x/week	May, 2009
Milk Bone medium	dry	2	3/day	Aug, 2008

10. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? **No** **Yes**
- If yes, please list brands and amounts: _____
11. How do you **administer medications or supplements** to your pet?

12. What are your pet's food preferences? _____
13. What foods does your pet refuse? _____