



NUTRITION DIET HISTORY FORM

Ph: 250.766.3236 Fax: 250.766.3237

DATE: _____

PET NAME: _____

CLIENT NAME: _____

CLIENT EMAIL: _____

CLIENT PHONE: _____

Section 1: Pet History

Please answer the following questions about your pet:

Is your pet housed

- Indoors Outdoors

Please describe your pet's activity level

- Low Moderate High

Please provide details (eg. walks per day, length of time walking/playing)

Are there other pets in the house? Yes No

If yes, please list: _____

Do any pets have access to the other pet's food? Yes No

If yes, please list: _____

How many people (including children) live in your household? _____

Who feeds your pet? _____

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

How do you store your pet's food? _____

How many times per day do you feed your pet?

- Once Twice Three times More than 3 times Food is out all the time

Does your pet finish all food that is offered?

- Yes No Sometimes



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Does your pet have any of the following issues: (if yes, indicate over what time period problem arose)

Difficulty chewing Yes No time period _____

Difficulty swallowing Yes No time period _____

Involuntary weight change Yes No

If yes, circle one: weight loss **OR** weight gain How much? _____ kg or lb

Nausea Yes No time period _____

Vomiting Yes No times/day or _____ times/week _____ time period _____

Diarrhea Yes No times/day or _____ times/week _____ time period _____

Allergies Yes No

If yes please describe: _____

If you answered yes to any of the above, please provide additional information such as frequency, etc.

Have you observed any of the changes listed below: (If yes, please describe the change)

Changes in urination Yes No

If yes since when? _____

Changes in defecation Yes No

If yes since when? _____

Changes in appetite Yes No

If yes since when? _____

Changes in activity level Yes No

If yes since when? _____



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Please list your pet's current and past medical problems, if any, and whether they have resolved:

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

How do you administer medications and/or supplements to your pet? If foods such as peanut butter or Pill Pockets are used, please estimate amounts fed per day.

Please upload pictures of your pet so the doctor can see body type, coat/skin condition, etc.

Section 2: Current Diet & Food Intake

List the current diet, additional food and snacks you are feeding your pet. Please enter **ALL** food that your pet eats, so Dr. Wilson can make an accurate recommendation. If you are currently feeding a home cooked diet, please list all of the ingredients and quantities, and how the food is prepared.

Current food(s) that the pet is eating now

-ALL foods, snacks, and treats (including dental care, training treats etc.) your pet **currently** eats, human foods included.

-Separate out each ingredient in a home-cooked diet (each ingredient on its own line).

-Specify if human food items are measured before or after cooking. *See examples in italics.*



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Brand name	Food/Variety	Form/How cooked	Amount *per meal*	# of meals per day	Fed since
"A" Brand	Chicken breast, skinless, boneless	baked	50 grams after cooking	3 times per week	May 2018
"B" Brand	Lamb & Rice Adult Dog	kibble	1 ½ cups	Twice a day	June 2019



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Additional supplements your pet receives **now** (i.e. herbal product, fish oil, vitamin or mineral, etc.)

Brand name	Supplement	Form	Amount	# per day	Fed since
"C" Brand	<i>Multivitamin, adult, no flavour</i>	<i>tablet</i>	<i>1 tablet</i>	<i>2 times per day</i>	<i>May 2011</i>

Section 3: Past Diets & Food Intake

Diet(s) that the pet ate in the PAST

-ALL foods, snacks, treats, and supplements your pet has received **in the past**.

-Indicate the approximate time period when they were fed. *See examples in italics.*

Brand Name	Product/Variety	Form	From	To	Reason stopped
"D" Brand	<i>Kitten formula, tuna flavour</i>	<i>canned</i>	<i>Jun 2011</i>	<i>Mar 2012</i>	<i>Grew into an adult</i>
"E" Brand	<i>Adult indoor cat formula, beef flavour</i>	<i>kibble</i>	<i>Mar 2012</i>	<i>May 2012</i>	<i>Stopped eating it</i>



Past Diets and Food Intake list continued:

Section 4: Goals for Consult

Are you requesting a home-cooked diet recipe for your pet?

- Yes
- No
- Maybe/Unsure

What would you like to achieve with this nutrition consult?

Pet dietary preferences and restrictions: (What ingredients will/can your pet eat?)

Please complete this section if a home-cooked diet formulation is being requested.

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 should be determined prior to submitting this request.**

If you have specific personal preferences or have found that your pet does not tolerate specific foods, please let us know by indicating so on the following page:



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(Y) Tried and liked/tolerated

(N) Tried and did not like/tolerate

(O) Have not tried

(X) Will not try –personal preferences, allergies, other

Protein sources

Carbohydrate sources

- ground beef
- chicken
- cottage cheese
- crab
- egg
- lamb
- pork
- salmon*
- shrimp
- tofu
- tuna*
- turkey
- whitefish

- barley
- millet
- oatmeal
- pasta
- green peas
- potato, sweet
- potato, white
- quinoa
- rice, brown
- rice, white
- tapioca
- polenta (corn)

**These ingredients may contain high levels of mercury – not commonly recommended for long-term feeding.*

Other: _____

Rate where you most identify on the following scales. If you agree with both select the middle box.

My pets _____ is most important.

- Happiness
- Both
- Health

I should make all decisions for my pet. My pet’s preferences guide decisions.

- I decide
- Both
- My pet guides

I _____ making changes to my pet’s dietary plan.

- am considering
- am open to
- have already made changes



Section 5: Statement of ownership and consent

STATEMENT OF OWNERSHIP AND CONSENT:

I am the owner and/or agent of the above animal and have the authorization to consent to treatment if and when it is needed. By signing this agreement, I authorize VCA Canada Tri Lake Animal Hospital & Referral Centre staff to provide care they consider reasonable and necessary for my animal, and I consent to any such services. I understand that with any medical recommendation there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure.

I am aware that VCA Canada Tri Lake is committed to working with my primary care veterinarian and providing the best care available to my pet. I understand that Dr. Wilson will only treat my pet for the condition or for the problems associated with my pet's nutritional needs. I also understand that my pet's medical records will be sent to my primary care veterinarian. I agree to the Acknowledgement and Disclosure stated above, based on my choice of consultation.

I will return to my primary care veterinarian for all routine veterinary care and to purchase any commercial diets that are recommended by Dr. Wilson.

I understand that I will be financially responsible for all services including all Nutrition Plans provided to me in person or over the phone. I understand that the professional services are to be paid at the time services are rendered.

I consent to the use and storage of my information in accordance with the terms and conditions detailed in the VCA Canada Privacy Statement, a copy of which is available at vcacanada.ca/about/privacy-statement/

Signature

Date (mm/dd/yyyy)