

RED BANK VETERINARY HOSPITAL

CLINICAL NUTRITION: DIET HISTORY

TO BE FILLED OUT BY PET OWNER

Date _____

CLIENT INFORMATION

Name _____

Spouse/Secondary Name (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Alternate Telephone () _____

E-mail Address _____

PATIENT INFORMATION

Name _____ Species _____ Breed _____

Age _____ Gender Male Male Neutered Female Female Spayed

Weight (indicate kg or lb): Ideal _____ Current _____ Body Condition Score (9 point scale) _____

PRIMARY VETERINARIAN INFORMATION

Name _____ Clinic _____

Address _____

City _____ State _____ Zip _____

Business Telephone () _____ Alternate Telephone () _____

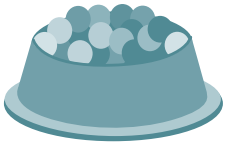
Fax () _____

CURRENT FOOD INTAKE (attach additional sheet if necessary)

Please list primary diet brands, types, amount fed, and frequency of feedings. Indicate how long the diets have been fed (For example: Purina ProPlan Sensitive Skin and Stomach Formula dry, 1 cup twice daily, since early 2003).

Please list all treats received (For example: 2 tablespoons of lowfat strawberry yogurt added to food twice daily since December 2006 and 3 small Milk Bone biscuits daily since early 2005).

Who typically feeds your pet? _____



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Are there other animals in the household? Yes No

If yes, please describe: _____

Is your pet fed in the presence of other animals? Yes No

If yes, please describe: _____

Is the food left out or taken away after meals? _____

How is the food stored? _____

Does your pet have access to unmonitored food sources (For example: neighbor feeds treats, kids in household, food left for outdoor cats, etc)? Yes No

If yes, please describe: _____

Please list other foods and treats that have been fed to your pet in the past and the duration that each food was offered. Include both commercial pet foods/treats and human foods (For example: Purina Puppy Chow fed from 2002 to early 2003, pigs ears fed intermittently from 2003 to 2005, plain granola bars offered intermittently until May 2007). _____

Please list any additional supplements (indicate type and amount) that your pet receives. Please include all over-the-counter or veterinarian-recommended herbal supplements, nutraceuticals, chew treats, vitamin/mineral supplements or fatty acids. Indicate brand, type, amount, and frequency of use. _____

MEDICAL AND CLINICAL HISTORY

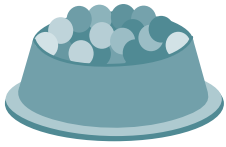
Please list your pet's current and past medical history. Indicate whether condition is resolved or not. _____

Please list all medications your pet is receiving currently (indicate type, amount, and frequency). _____

Does your pet have a good appetite? Yes No

Has your pet's appetite changed? Yes No

If yes, indicate specific change and how long since change has been noticed: _____



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Have you noticed any change in urination? Yes No

If yes, indicate specific change and how long since change has been noticed: _____

Have you noticed and change in defecation? Yes No

If yes, indicate specific change and how long since change has been noticed: _____

Has your pet experienced any undesired weight gain or weight loss?

Please indicate amount (note kg or lb) and over what length of time: _____

INGREDIENT PREFERENCES

This section **MUST** be completed if a Home-Prepared Diet Formulation is requested or required. Select one protein and one carbohydrate as the preferred protein and carbohydrate ingredients. Any special ingredient requests or combinations can be discussed with the Nutritionist prior to the final formulation. *Note: If the recipe is necessary for management of an adverse food reaction or allergy, please indicate which ingredients (if any) are known to be well-tolerated by your pet.*

Primary Protein Ingredients

- Beef
- Pork
- Lamb
- Chicken
- Turkey
- Chicken Egg
- Cottage Cheese
- Tofu
- Crab
- Tuna
- Salmon
- Tilapia
- Other _____

Primary Carbohydrate Ingredients

- White Rice
- Brown Rice
- Barley
- Oatmeal
- White Potato
- Sweet Potato
- Green Peas
- Macaroni Pasta
- Polenta
- Millet
- Quinoa
- Tapioca
- Other _____

All bills must be paid when services are rendered. We accept all major credit cards including Care Credit. Personal checks are welcome when accompanied by a driver's license. We do not bill. If you have any questions regarding your payment today, please discuss it with a receptionist before seeing the doctor. Thank you.