

Diet History/Daily Pet Calorie Intake Sheet



Owner: [Click here to enter text.](#)

Pet Name: [Click here to enter text.](#)

Diet History:

What food(s) are currently fed at main meals? [Click here to enter text.](#)

Dry food:

Never ☐ Occasionally/sm portion ☐ About half ☐ Mostly ☐ Exclusively ☐

If fed, what brands and amounts are fed most often: [Click here to enter text.](#)

Canned food:

Never ☐ Occasionally/sm portion ☐ About half ☐ Mostly ☐ Exclusively ☐

If fed, what brands and amounts are fed most often: [Click here to enter text.](#)

Home-prepared foods:

Never ☐ Occasionally/sm portion ☐ About half ☐ Mostly ☐ Exclusively ☐

If fed, please provide recipes used: [Click here to enter text.](#)

	Quantity	Office use
Main Meals (from above)		
Dry	Click here to enter text.	
Canned	Click here to enter text.	
Home-prepared	Click here to enter text.	
Pet Treats		
Biscuits	Click here to enter text.	
Rawhide/pig ears, etc.	Click here to enter text.	
Table Food		
Breakfast	Click here to enter text.	
Lunch	Click here to enter text.	
Dinner	Click here to enter text.	
Between meals	Click here to enter text.	
Food used to cover medication	Click here to enter text.	
Additives to pet food for flavoring (gravy, broth, etc.)	Click here to enter text.	
Vitamins/Supplements		
Click here to enter text.	Click here to enter text. Total	

Owner: [Click here to enter text.](#)

Pet Name: [Click here to enter text.](#)

Owner/Environment Information

Have there been recent changes in foods or brands fed? No ☐ Yes ☐

If so, when and why? [Click here to enter text.](#)

How is your pet's appetite? Good ☐ Poor ☐

Have there been any recent changes? [Click here to enter text.](#)

How frequently does your pet defecate?

0-1/day ☐ 2-3/day ☐ 4 or more/day ☐ Don't know ☐

How would you characterize his/her typical stool formation?

Firm/hard ☐ Formed but not hard ☐ Loose ☐

Where does your pet spend most of his/her time?

Indoors ☐ Outdoors ☐ About half in and half out ☐

How much time does your pet spend walking, playing or running each day?

Less than 30 ☐ 30-60 min ☐ 1-3 hours ☐ More than 3 hours ☐

Mostly inactive, but more than 3 hours/day once or twice per week ☐

Do you have any questions regarding your pet's diet? [Click here to enter text.](#)

Who feeds your pet? [Click here to enter text.](#)

On average, how many hours a day is your pet home alone? [Click here to enter text.](#)

How many adults/children in the household? [Click here to enter text.](#)

How many pets in the household? [Click here to enter text.](#) Types of pets? [Click here to enter text.](#)

Where does your pet eat? [Click here to enter text.](#)

Does the pet have access to another pet's food? No ☐ Yes ☐

Is there competition for food? [Click here to enter text.](#)

Is more than one pet fed out of one dish? [Click here to enter text.](#)

Is the pet prone to getting into the trash? [Click here to enter text.](#)

Is the pet contained in the yard or does he/she have access to the neighborhood? [Click here to enter text.](#)

How frequently is the pet boarded or in the care of someone else? [Click here to enter text.](#)