

Client Name:

Date:

Patient:

Breed:

Age:

Why are you coming in for a nutritional consultation?

What are your concerns?

GENERAL HEALTH:

Any current health concerns?

Any current or past diseases or illnesses?

• How would you best describe your pet's breath?

Not bad Unpleasant Really bad

• How would you best describe your dog's weight?

Too thin Normal weight A few pounds overweight

Obese

DIET:

- Where do you purchase your pet's food? _____
- Are there other pets in your household? Yes No

If Yes:

How many and what kind?

Do you feed them separately? Yes No

- What food do you currently feed your pet?

- Brand:

Wet Dry

- Why did you choose this particular food?

- How much do you feed? _____
- What do you use to measure the amount _____
- How often do you feed your pet? _____
- How long do you leave the food out? _____

- How often do you give table food? How much? Please list examples:

- Does your pet get any treats? _____

- How many? _____

- What type? _____

- Who feeds your pet? _____

EXERCISE:

- How would you best describe your pet's activity level?

- Non-active Moderately active Very active

- Do you exercise with your pet? Yes No

- If Yes, please describe:

- Are there any other questions, issues, or symptoms you'd like to discuss? Please explain:
