

Nutrition Questionnaire

Date: _____ Pet's Name: _____ Pet's Age: _____

Are there other pets in your house? Yes No

How many and what kind? _____

If you own more than one pet, do you feed them separately? Yes No

What food do you currently feed your pet? Brand: _____ Variety: _____

Wet Dry

How much? _____ What do you use to measure the amount? _____

How often? _____ How long do you leave the food out? _____

Who feeds your pet? _____

Have there been any recent changes in food? _____

How often do you give table food? _____ How much? _____ Anything new? _____

Please list examples:

How often do you give treats? _____ How much? _____ Anything new? _____

Please list examples:

How would you describe your pet's weight:

too thin normal needs to lose weight

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

Non-active Moderate Very active

Do you exercise with your pet? Yes No

If so, please describe:

Where do you purchase your pet's food? _____

How would you describe your pet's breath?

Not bad Unpleasant Really Bad

Are there any other questions, issues, or symptoms you would like to discuss?
