## Nutritional Consultation Questionnaire

Date: $\qquad$
Owner's name: $\qquad$ Pet's name: $\qquad$

## Animal Profile:

| Species: $\quad \square$ dog | $\square$ cat |  |
| :--- | :--- | :--- |
| Sex: $\quad \square$ male | $\square$ female |  |
| Is your pet spayed or neutered? | $\square$ yes | $\square$ no |

## History:

Is your pet overweight? $\quad$ yes $\quad \square$ no
If yes, how long has your pet been overweight?
Any current medical conditions or recent illness? $\quad$ yes
$\square$ no

If yes, explain $\qquad$
Breed: $\qquad$
Age: $\qquad$ Weight: $\qquad$
Is your pet spayed or neutered?
yes
no

Is your pet on any medications or supplements?
$\square$ yes $\square$ no
If yes, please list drug(s) and dosage(s): $\qquad$

## Lifestyle:

Which activity level most closely matches that of your pet?
sedentary ( $0-30$ min. activity/day) $\quad \square$ moderately active (1-2 hrs/day) active (3-4 hrs./day)
Is your pet left alone for long periods? $\quad \square$ yes
Do you take your pet for walks or play games?
no
If yes: how often? for how long?
$\square$ no
Are there any other pets in the household? $\square$ yes $\quad \square$ no
$\qquad$
If yes please list?
How many people are in your household? Adults $\qquad$ Children $\qquad$

## Feeding Habits:



## Current Diet:

Food type (check all that apply)

Description/Brand
$\qquad$

Amount fed / day
$\qquad$

