Nutritional Consultation Questionnaire

Date:/				
Owner's name:		Pet's nan	ne:	
Animal Profile:				
Species: □ dog Sex: □ male	□ cat	Bree	ed:	Weight:
Sex: male	□ female	Age	·	Weight:
Is your pet spayed or neutered?	□ yes □ n	0		
History:				
Is your pet overweight? □ yes	□ no			
If yes, how long has your p		ht?		
Any current medical conditions or re	ecent illness?	□ yes □	no	
If yes, explain				
Is your pet on any medications of				
If yes, please list drug(s) and dosage(s)	:		
Lifostylou				
Lifestyle: Which activity level most closely ma	tches that of your	net?		
sedentary (0-30 min. ac	tivity/day)	□ moderately	v active (1-2 h	rs/dav)
active (3-4 hrs./day)	,,,,		, (= =	,,
Is your pet left alone for long period	ls? □ yes	□ no		
Do you take your pet for walks or pl	lay games?	□ yes	□ no	
Do you take your pet for walks or p If yes: how often? _		for how long?	?	
Are there any other pets in the house	sehold? 🗆 yes	□ n	0	
If yes please list? How many people are in your house	ehold?	Adults	_ Children _	
Faadina Habita				
Feeding Habits:	- vaa			
Is your pet a fussy eater? Does your pet share the food bowl v			□ no	
How do you feed your pet?	with other pets:	□ yes	□ 11 0	
free choice (as much a	as vour pet wants)	measured amo	ounts per day
How often is your pet fed each day?		, –		, a po. da,
□ once □ twice		access to food	all day □ o	ther
Does your pet beg for food?			•	
Do you use food as a reward or trai				
At what times are meals served?				
How many people feed your pet	? 🗆 yourself		children	visitors neighbors
<u>Current Diet:</u> Food type (check all that apply)	Description	./Prand		Amount fed / day
dry pet food	Description	i/ Di aliu		Alloulit led / day
<i>,</i> .				
□ canned pet food				
□ semi moist pet food				
□ roll pet food				
□ homemade food				
pet meat/mince				
□ leftovers/table scraps				
□ snacks/treats/rewards				
bones				
□ supplements				