ErikCoronaPetCare
BOTANICAL & NUTRITIONAL WELLNESS

DIET HISTORY FORM

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PET

Owner's Name: _____ Date: ____/____/____
Pet's Name: _____ Species: _____ Breed: _____
Age: _____ Gender: ☐ Male ☐ Female Neutered/Spayed: ☐ Yes ☐ No

- What Proportion of time does your pet spend indoors or outdoors?
_____% Indoor _____% Outdoor When outdoors, is your pet supervised? ☐ Yes ☐ No

- How active is your pet?
☐ Very Active ☐ Moderately Active
☐ Not Very Active ☐ Mostly Inactive

- How would you describe your pets weight?
☐ Overweight ☐ Ideal Weight
☐ Underweight

- Please list below the brands and product names (if applicable) and the amount of all foods, treats, snacks, dental hygiene products, rawhides and any other foods that your pet currently eats, including foods used to administer medications. If homemade diet(s), please provide recipe(s).

Food & Treats (Brand/Flavor)	Form (Dry/Wet)	Amount* (per meal)	Frequency	Fed Since
*If feeding by volume, what size measuring device do you use?				

- Do you give your pet any supplements (e.g., vitamins, minerals, probiotics, fish oil, glucosamine, etc.) or other food items not listed above?
☐ Yes ☐ No If yes, please list the types and amounts given: _____

- Have you made any changes to your pet's diet in the last 4 weeks?
☐ Yes ☐ No If yes, please note what change was made and why: _____

- Do you have any questions about feeding or nutrition for your pet?
_____