



Parkdale Veterinary Clinic

Ph: (403)283-0305

Nutritional Information

Date: _____ Pet (First/Last Name): _____

Species: _____ Breed: _____ S / F / N / M Age: _____

To be completed by the pet owner. Please fill you the questions below about your pet.

- How active is your pet? Active Moderately active Not very active
- How would you describe your pets weight? Overweight Ideal Underweight
- Where does your pet spend most of their time? Indoor Outdoor Indoor/ Outdoor
- Tell us about the brands and product names and amounts of your pet’s past and present diet. Please include all treats, rawhides, bones, chews, foods to administer medications, human food, dry and wet food.

<u>Food</u>	<u>Form</u>	<u>Amount*</u>	<u>Eating Habit</u> (Grazer, devours etc)	<u>Frequency</u>	<u>Fed Since</u>

*If you feed by volume, what size measuring device do you use? _____

*If you feed canned food, what size are the cans? _____

- Tell us about any supplements or medications that your pet is currently on or has previously had. Please be as specific as possible, including brands and amounts of vitamins, minerals, supplements, medications, toothpaste, parasite prevention etc.

- Do you have other pets in your household? **Yes** or **No**

- What are they eating?

Pet: _____ **Diet name:** _____

Pet: _____ **Diet name:** _____

- Do the pets eat each other's food? **Yes** or **No**
- Tell us about any medical conditions any of your pets currently have or have previously had. For example, heart murmur, heart failure, kidney disease, diabetes, liver disease, arthritis, food or environmental allergies etc.

- What other comments or concerns do you have regarding your pet's nutrition?
