



Nutrition questionnaire

Date: _____ Client's name: _____

Pet's name: _____ Pet's age: _____ Pet's breed: _____

Pet's weight at the doctor's office: _____

Notes: _____

Are there other pets in your household? 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? _____

How often do you give table food? _____

How much? _____

Please list examples: _____

Who feeds your pet? _____

How would you best describe your dog's weight?

Too thin Normal weight Gained a few pounds Needs to lose weight

How would you best describe your pet's activity level? Non-active Moderately active Very active

Do you exercise with your pet? Yes No

If so, please describe: _____

How would you best describe your pet's breath?

Not bad for a dog's breath Unpleasant Really bad (needs mouthwash)

Where do you purchase your pet's food? _____

Are there any other questions, issues, or symptoms you'd like to discuss? Please explain:
