



DIET HISTORY FORM

Date:		OSU Medical Record Number:			
Client Name:					
Address:					
Phone Number:			Client Email:		
Veterinarian:			Clinic:		
Clinic Phone:		Clinic Fax:		Clinic Email:	
Pet Name:		Breed:		Color:	
Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Spayed/neutered? <input type="checkbox"/> yes <input type="checkbox"/> no		Age:		
Body weight:			Body condition score (1-9): (see handout)		
<input type="checkbox"/> lbs.	<input type="checkbox"/> kg	<i>Current</i>	<i>Usual</i>	Muscle Condition Score: <input type="checkbox"/> none <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe (see handout)	
				Fecal Score: current if abnormal, normal score: (see handout)	

Reason and goals for consultation:

Please answer the following questions about your pet:

- 1.) Is your pet housed: indoors outdoors both other
- 2.) Please describe your pet's activity level: low moderate high
- 3.) Do you have other pets? yes no How many: Dogs: Cats: Other:
- 4.) Do any pets have access to other pets' food?
- 5.) How many other people live in your household:
- 6.) Who feeds your pet?
- 7.) How many times per day do you feed your pet? once twice three more than 3 food is out all the time
- 8.) Does your pet finish all food that is offered? yes no
- 9.) Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? yes no **If yes, please list brands and amounts below:**

- 10.) Does your pet have any difficulty: **If yes, please explain:**

Chewing	<input type="checkbox"/> yes	<input type="checkbox"/> no	<hr/>
Swallowing	<input type="checkbox"/> yes	<input type="checkbox"/> no	<hr/>

11.) Does your pet have any of the following?

15.) Is your pet receiving any medications? yes no **If yes, please list drug names, dosages and frequency:**

Example: Amlodipine 5 mg every 12 hours

16.) Do you use food (e.g., Pill Pockets, cheese, bread, peanut butter, etc.) to administer medications? yes no **If yes, what kind(s) and amounts?**

Example: Pill Pockets Chicken flavor capsule size – ½ once a day

17.) Please list all other commercial diets you are not currently feeding but have fed to your pet in the past. Include approximate dates and reasons for discontinuing if possible:

Example: Purina dog chow Aug 2018-September 2019 – caused GI upset

18.) Is a home-cooked diet being requested? yes no unsure

19.) If yes, which of the following ingredients **your pet will consistently eat and will you be willing to prepare?** If your pet has allergies or other adverse responses to foods, **please list only those foods that are currently tolerated:**

Protein Sources:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> chicken | <input type="checkbox"/> turkey |
| <input type="checkbox"/> pork | <input type="checkbox"/> salmon |
| <input type="checkbox"/> beef | <input type="checkbox"/> tuna |
| <input type="checkbox"/> egg | <input type="checkbox"/> tilapia |
| <input type="checkbox"/> cottage cheese | <input type="checkbox"/> tofu (soy) |
| <input type="checkbox"/> rabbit | <input type="checkbox"/> venison |
| <input type="checkbox"/> Other: _____ | |

Preferred Protein: _____

Carbohydrate Sources:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> white rice | <input type="checkbox"/> barley |
| <input type="checkbox"/> brown rice | <input type="checkbox"/> oats |
| <input type="checkbox"/> pasta (wheat) | <input type="checkbox"/> sweet potato |
| <input type="checkbox"/> couscous (wheat) | <input type="checkbox"/> white potato |
| <input type="checkbox"/> quinoa | |
| <input type="checkbox"/> Other: _____ | |

Preferred Carbohydrate: _____

20.) In order to make the best recommendations for your pet, a complete blood count, biochemistry profile and urinalysis (+/- additional relevant diagnostics) are required. If these tests have not been performed within the previous 6 months, they may be performed at the time of consultation or at your primary veterinarian. Please include results of diagnostic tests with this completed diet history form.

The completed diet history form may be either:
Emailed to osuvet.nutrition@osu.edu
Or mailed to **Attn: Dr. Valerie Parker or Nicole Stephens, RVT**
The Ohio State University Veterinary Medical Center, 601 Vernon L. Tharp Street, Columbus, OH 43210