## 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: $\square$ male $\square$ female <br> Body weight: |  | Spayed/neutered? $\square$ yes $\square$ no $\quad$ Age: |  |  |  |
|  |  |  |  | Body condition score (1-9): (see handout) |  |  |
| $\square \mathrm{lbs} . \square \mathrm{kg}$ | Current | Usual | Muscle Condition Score: $\square$ none $\square$ mild $\square$ moderate $\square$ severe (see handout) |  |  |
|  |  |  | Fecal Score: current | if abnormal, normal score: | (see handout) |

Reason and goals for consultation:
$\qquad$
Please answer the following questions about your pet:
1.) Is your pet housed: $\square$ indoors $\square$ outdoors $\square$ both $\square$ other
2.) Please describe your pet's activity level: $\square$ low $\square$ moderate $\square$ high
3.) Do you have other pets? $\square$ yes $\square$ 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? $\square$ once $\square$ twice $\square$ three $\square$ more than $3 \square$ food is out all the time
8.) Does your pet finish all food that is offered? $\quad \square$ yes $\square$ no
9.) Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? $\square$ yes $\qquad$ If yes, please list brands and amounts below:
10.) Does your pet have any difficulty:

## If yes, please explain:

Chewing
Swallowing

$\square$ no
$\square$ no
11.) Does your pet have any of the following?

If yes, please explain:
Involuntary weight loss
Nausea
Vomiting
Diarrhea
Allergies

12.) Have you observed any changes in: Urination Defecation
Appetite
Activity level

13.) Have you made any recent changes in diet (last 4 weeks)? $\square$ yes $\square$ no If so, please note what the change was and why you made it:
$\qquad$
$\qquad$
$\qquad$
14.) Please list below the brands and product names (if applicable) and amounts of ALL foods, treats, snacks, and any other foods that your pet is currently eating. This description should provide enough detail that we could go to the store and purchase the exact same food. It should include "people foods" given as treats or at the table. If you're feeding a home cooked diet, please list each ingredient and be specific with the amounts used.

| Food |
| :--- |
| Examples: <br> Purin Dog Chow <br> 90\% lean hamburger pan-fried <br> Mik Bone medium |

15.) Is your pet receiving any medications? $\square$ yes $\square$ no If yes, please list drug names, dosages and frequency:
Example: Amlodipine 5 mg every 12 hours
$\qquad$
$\qquad$
16.) Do you use food (e.g., Pill Pockets, cheese, bread, peanut butter, etc.) to administer medications? $\square$ yes $\square$ no If yes, what kind(s) and amounts?
Example: Pill Pockets Chicken flavor capsule size $-1 / 2$ once a day
$\qquad$
$\qquad$
$\qquad$
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
$\qquad$
18.) Is a home-cooked diet being requested? $\square$ yes $\square$ no $\square$ 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:

| $\square$ chicken | $\square$ turkey |
| :--- | :--- |
| $\square$ pork | $\square$ salmon |
| $\square$ beef | $\square$ tuna |
| $\square$ egg | $\square$ tilapia |
| $\square$ cottage cheese | $\square$ tofu (soy) |
| $\square$ rabbit | $\square$ venison |
| $\square$ Other: |  |
| Preferred |  |

Carbohydrate Sources:
$\begin{array}{ll}\square \text { white rice } & \square \text { barley } \\ \square \text { brown rice } & \square \text { oats }\end{array}$
$\square$ pasta (wheat)
$\square$ sweet potato
$\square$ couscous (wheat) $\square$ white potato
$\square$ quinoa
$\square$ 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: <br> 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

