THE OHIO STATE UNIVERSITY
VETERINARY MEDICAL CENTER

601 Vernon L. Tharp Street
Columbus, OH 43210
Phone: (614) 292-3551
Fax: (614) 292-1454

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: ☐ male ☐ female		Spayed/neutered? ☐ yes ☐ no		Age:	
Body weight:			Body condition score (1-9): **(see handout)**		
☐ lbs. ☐ kg	*Current*	*Usual*	Muscle Condition Score: ☐ none ☐ mild ☐ moderate ☐ 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? Yes ☐ No ☐

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:
Chewing ☐ yes ☐ no
Swallowing ☐ yes ☐ no

If yes, please explain:

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

If yes, please explain:

Involuntary weight loss	☐ yes	☐ no
Nausea	☐ yes	☐ no
Vomiting	☐ yes	☐ no
Diarrhea	☐ yes	☐ no
Allergies	☐ yes	☐ no

12.) Have you observed any changes in:

If yes, please explain:

Urination	☐ yes	☐ no
Defecation	☐ yes	☐ no
Appetite	☐ yes	☐ no
Activity level	☐ yes	☐ no

13.) Have you made any recent changes in diet (last 4 weeks)? ☐ yes ☐ no **If so, please note what the change was and why you made it:**

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	Form	Amount/meal	Meals/day	Fed Since
Examples:				
Purina Dog Chow	dry	1 ½ cups	2/day	Jan. 2005
90% lean hamburger pan-fried	-	3 oz	1/day	May 20010
Milk Bone medium	dry	2	3/day	Aug. 2011

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 <u>all</u> 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 <u>your pet will consistently eat and will you be willing to prepare</u>? If your pet has allergies or other adverse responses to foods, **<u>please list only those foods that are currently tolerated</u>**:

Protein Sources:

- ☐ chicken
- ☐ pork
- ☐ beef
- ☐ egg
- ☐ bison
- ☐ rabbit
- ☐ turkey - ground vs breast
- ☐ salmon
- ☐ tuna
- ☐ tilapia
- ☐ tofu (soy)
- ☐ venison
- ☐ Other: _____

Preferred Protein: _____

Carbohydrate Sources:

- ☐ white rice
- ☐ brown rice
- ☐ pasta
- ☐ couscous
- ☐ quinoa
- ☐ barley
- ☐ oats
- ☐ sweet potato
- ☐ white potato
- ☐ Millet
- ☐ Other: _____

Preferred Carbohydrate: _____

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