

CARDIOLOGY DIET HISTORY FORM
Please answer the following questions about your pet

Pet's name: _____ Owner's name : _____ Today's date: _____

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)

Example: **Poor** _____ | _____ **Excellent**
Poor _____ **Excellent**

2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)

Eats about the same amount as usual Eats less than usual Eats more than usual
 Seems to prefer different foods than usual Other _____

3. Over the last few weeks, has your pet (check one)

Lost weight Gained weight Stayed about the same weight Don't know

4. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats. Please include the brand, specific product, and flavor so we know exactly what your pet is eating.

Food (include specific product and flavor) Form Amount How often? Fed since
Examples are shown in the table – please provide enough detail that we could go to the store and buy the exact same food.

Food (include specific product and flavor)	Form	Amount	How often?	Fed since
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 ½ cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	½	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015

*Any additional diet information can be listed on the back of this sheet

5. 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 which ones and give brands and amounts:

	Brand/Concentration	Amount per day
Taurine <input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____
Carnitine <input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____
Antioxidants <input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____
Multivitamin <input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____
Fish oil <input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____
Coenzyme Q10 <input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____
Other (please list): Example: Vitamin C	Nature's Bounty	500 mg tablets – 1 per day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. How do you administer pills to your pet?

I do not give any medications I put them directly in my pet's mouth without food
 I put them in my pet's dog/cat food I put them in a Pill Pocket or similar product
 I put them in foods (list foods): _____

Information below to be completed by the veterinarian:

Current body weight: _____ kg Current body condition score (1-9): _____/9

Muscle Condition Score: normal muscle mild muscle loss moderate muscle loss severe muscle loss