

Weight/Food Questionnaire

Pet Name: _____

Are there other pets in your household? Yes No

How many and what kind? _____

If you have more than one pet, do you feed them separately? Yes No

What food do you currently feed your pet? **(Please be specific - bring it or a picture with you to the appointment)**

Brand: _____ 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: _____

What treats do you feed your pet? _____

How often do you give treats to your pet? _____

How many treats do you give your pet per day? _____

Who feeds your pet? _____

How would you describe your pet's weight? Thin Normal Pleasantly plump Overweight

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: _____

Do you use food to hide medication? _____

If so, what and how often? _____

How is your pet's appetite? _____

Does your pet prefer canned or dry food? Any particular flavors? _____

Where do you purchase your pet's food? _____

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