



Food and Medication Information

Owner's Name: _____ Pet's Name: _____ Date: _____

Your pet's dietary and nutritional information is a vital part of their medical history. An accurate and thorough dietary history is needed for our medical staff to provide recommendations during times of healthy maintenance and is essential for accurately diagnosing and treating your pet in times of illness. **For any diet, food or treat that has been started recently (within the last 30 days), please indicate with an “ * ” symbol.**

Food Information

Please list all food and treats you feed to your pet on a regular basis. For dry food, a “cup” refers to a standard 8 ounce cup. Please specify if a larger cup is used and provide the estimated volume.

Food

| Brand of food (s) | Dry or canned food | Amount fed, in cups or can, per feeding | Meals per day? |
|-------------------|--------------------|---|----------------|
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Human Food (table scraps, vegetables, fruit, etc.)

| Type of food(s) | Amount given | How many times per day? |
|-----------------|--------------|-------------------------|
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| | | |
| | | |

Treats

| Brand of treat(s) | How many given per day? |
|-------------------|-------------------------|
| | |
| | |



Owner's Name: _____ Pet's Name: _____ Date: _____

Medication Information

A detailed record of your pet's prescribed and over-the-counter medications is essential for our medical staff. Our staff will use this information to help guide any needed medical therapies to ensure that no drug interactions exist between medications that your pet may already be taking and medications that your pet may need to receive in the future.

Please list all medications (prescribed by us or any veterinarian) and dietary supplements (ie.: glucosamine/chondroitin, Omega 3 or fish oils, vitamins, etc.)

Prescribed Medications (prescribed by a veterinarian)

| Medication name: | Strength (mg) | Amount given (# pills, mL) | Number of times given per day |
|------------------|---------------|----------------------------|-------------------------------|
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Dietary supplements (glucosamine/chondroitin, Omega 3 or fish oils, vitamins, etc)

| Supplement name: | Strength/Size (if applicable) | Amount per day |
|------------------|-------------------------------|----------------|
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| | | |

Heartworm, flea and tick prevention

| Brand name: | Number of times given per month: | Day of month last given: |
|-------------|----------------------------------|--------------------------|
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