

COVE Diet History Form

Please Answer the Following Questions About Your Pet

Date _____ Pet's Name _____

Cat Dog Breed _____ Date of Birth/Age _____

Male Female Neutered Spayed

1. How active is your pet? Very Active Average Not Very Active Mostly Inactive

2. How would **you** describe your pet's weight? Overweight Ideal weight Underweight

3. Do you have other pets? Yes No

a. Are they fed separately? Yes No

b. Are they fed the same diets? Yes No

4. Does your pet have access to any other, unmonitored food sources (i.e., hunting, neighbors)? Yes No

a. If yes, please describe: _____

5. Who feeds your pet? _____

6. Does your pet have a good appetite? Yes No

7. Have you made any changes to your pet's diet in the last 2-3 months? Yes No

a. If yes, please describe what the change was and why it was made: _____

8. Please list the brands and amounts of **ALL** of the foods, treats, snacks, dental hygiene products, rawhides, and any other foods that your pet currently eats.

Food	Form	Amount*	Frequency	Fed Since
<i>Examples:</i>				
Purina Bright Minds	Dry	1 ½ cups	2x/day	Jan 2017
Science Diet Adult	Moist	½ can	2x/day	Jan 2017
Gourmet Beef Entrée				
90% Lean Hamburger	Pan-Fried	3 oz.	1x/week	May 2019
Milk Bone – Medium	Dry	2	3/day	Aug 2018

*What do you use as a measuring device? _____

For canned food, what size are the cans? _____

9. Do you give any dietary supplements to your pet (i.e., vitamins, glucosamine, fish oils)? Yes No

a. If yes, please list the brands and amounts: _____

10. How do you administer medications or supplements to your pet (i.e., Pill Pockets, cheese, peanut butter)? _____

11. What foods does your pet refuse to eat? _____

12. Are there any foods your pet is confirmed to be intolerant to? _____

Please complete and bring with you to your appointment – We appreciate your assistance