

Please have owner(s) or authorized agent of the owner(s) complete the following:

All questions contained in this questionnaire are strictly confidential and will become part of your pet's medical record.

MEDICATIONS AND SUPPLEMENTS

List pets prescribed drugs and all over-the-counter products, such as vitamins and nutritional supplements

| Name of Drug/Supplement | Strength | Frequency Taken |
|-------------------------|----------|-----------------|
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HEALTH HABITS AND HOME ENVIRONMENT

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|---|---|--|---|
| How active is your pet? | <input type="checkbox"/> Very Active | <input type="checkbox"/> Moderately Active | <input type="checkbox"/> Not Very Active |
| How would you describe your pet's weight? | <input type="checkbox"/> Underweight | <input type="checkbox"/> Ideal Weight | <input type="checkbox"/> Overweight |
| Any undesired weight changes? <i>Skip if no change.</i> | <input type="checkbox"/> Gain or <input type="checkbox"/> Loss | Amount of weight change: _____ lb or kg (circle one) | |
| Where does your pet spend most of the time? | <input type="checkbox"/> Indoor | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Indoor and Outdoor |
| Does your pet have a good appetite? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If no, please indicate specific change and how long change has been noticed. | | |
| Have you noticed any change in your pet's urination habits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If yes, please indicate specific change and how long change has been noticed. | | |
| Have you noticed any change in your pet's defecation habits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If yes, please indicate specific change and how long change has been noticed. | | |
| Do you have other pets? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If yes, please list other pets in household. | | |

DIET HISTORY

Please list ALL foods currently being offered to your pet.

Include main meals, training treats, and snacks being given by all members of the household. Indicate brand, type, amount, frequency and how long the food has been offered. For home-prepared food, please indicate weight of food (grams or ounces).

| Food Type | Amount | Frequency | Fed Since |
|--|-------------------------------|---------------------------------------|--|
| <i>Example: Purina Pro Plan Adult Chicken dry dog food</i> | <i>1.5 cups</i> | <i>Twice a day</i> | <i>Since May 2013 or 1 year of age</i> |
| <i>Example: low fat cottage cheese</i> | <i>2 teaspoons (28 grams)</i> | <i>Twice a day</i> | <i>Since November 2013 or 1.5 years of age</i> |
| <i>Example: medium Milk-Bone dog biscuits</i> | <i>3</i> | <i>Three times a day for training</i> | <i>Since November 2012 or 6 months of age</i> |
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|--|---|
| How are the main meals listed above measured? | If measured, what size scoop or cup is used? |
| Is your pet fed in the presence of other animals? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. |
| Who typically feeds your pet? | |
| Is the food left out or taken away after meals? | <input type="checkbox"/> Left out <input type="checkbox"/> Taken away |
| How is the food stored? | <input type="checkbox"/> Original packaging <input type="checkbox"/> Not in original packaging (<i>e.g.</i> , emptied into bulk storage container) |
| Where is any unopened food stored? | <input type="checkbox"/> Indoor/refrigerated (temperature controlled environment) <input type="checkbox"/> Garage or outdoor storage room |
| Access to other foods? Such as treats fed by neighbor, food dropped by kids in household, food left for outdoor cats, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. |

Please list ALL foods that have been offered to your pet in the past.

Indicate when these foods were offered and duration of time they were fed.

Example: Purina Pro Plan Large Breed Puppy (10 weeks of age until 6 months old; July-November 2012)

INGREDIENT SELECTION

Please select preferred protein and carbohydrate ingredients. This section MUST be completed if a Home-Prepared Diet Formulation is requested or required.

- Please note: You can select more than one ingredient in each column, but diet formulations typically include only one primary protein and one primary carbohydrate ingredient.
- For healthy pet diet formulations every effort will be made to accommodate at least one alternate protein and carbohydrate to allow for substitution and variation in the recipe.
- If a diet formulation is required to manage a chronic medical condition, substitutions of ingredient may not be possible and diet formulation will include only one protein and one carbohydrate ingredient.

| Protein | Carbohydrate |
|---|--|
| <input type="checkbox"/> Chicken (Type: _____) | <input type="checkbox"/> Long-Grain White Rice |
| <input type="checkbox"/> Pork (Type: _____) | <input type="checkbox"/> Long-Grain Brown Rice |
| <input type="checkbox"/> Beef, 95% lean ground | <input type="checkbox"/> Sweet Potato/Yam |
| <input type="checkbox"/> Turkey breast or 95% lean (circle one) | <input type="checkbox"/> White Potato (any variety) |
| <input type="checkbox"/> Lamb, loin | <input type="checkbox"/> Pearled Barley |
| <input type="checkbox"/> Egg, chicken | <input type="checkbox"/> Green Peas (feline diets) |
| <input type="checkbox"/> Cottage Cheese, 1-2% milk fat | <input type="checkbox"/> Rolled Oats, standard or quick-cooking oats |
| <input type="checkbox"/> Tofu | <input type="checkbox"/> Pasta (semolina macaroni) |
| <input type="checkbox"/> Crab, canned | <input type="checkbox"/> Plain Polenta (ground corn meal) |
| <input type="checkbox"/> Tuna, chunk light, canned | <input type="checkbox"/> Quinoa |
| <input type="checkbox"/> Salmon | <input type="checkbox"/> Other carbohydrate: _____ |
| <input type="checkbox"/> Tilapia | |
| <input type="checkbox"/> Other protein: _____ | |

Note: The nutritionist reviews medical and diet histories and not the individual patient; therefore, all communication, billing, and pet owner questions must be directed through the referring veterinarian to GCVTelemedicine. The nutritionist is not able to address individual owner questions unless they are received from the referring veterinarian or veterinary clinic and all communications will go back through the managing veterinarian.