



Arizona Veterinary Physical Rehabilitation

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NUTRITION QUESTIONNAIRE

Owner _____ Pet's Name _____ Date _____

What is the primary reason for the consult?

- Physical Rehabilitation
- Sports/Athletic Conditioning
- Chronic disease (Diabetes, Kidney disease, Cancer, etc)
- Other: _____
- Weight Reduction/Obesity Management
- Food Allergy/Inflammatory Bowel Disease
- Interest in Homemade dog food/treats

Current food(s) fed (please list EXACT brand, name, flavor, and form- dry, canned, etc): _____

How long has your pet been on this food? _____

How many times is pet fed daily? (circle) 1 2 3 4 always available

How much is fed **each day**? (Include what is used to measure the food)

How many times is pet given treats or snacks daily (circle)? 0 1 2 3 4 or more daily/weekly

List all snacks, treats, chewies, rawhides, vitamins, supplements, "people food", etc (include brand, amount given and frequency given):

Who feeds pet meals? _____ Who feeds snacks? _____

Where is pet fed (yard, kitchen, etc)? _____

Other animals in home (list breed, age and sex): _____

Does your pet have access to other pet's food? Yes No Access to food in neighborhood? Yes No

Please circle all known protein sources that the pet has previously eaten **at any time** in its life:

Chicken Beef Lamb Fish Salmon Pork Whitefish Venison Bison/buffalo Kangaroo Eggs Duck
Herring Goose Rabbit Turkey Other: _____

Please circle all known carbohydrate sources that your pet has previously eaten **at any time** in its life:

White Rice Brown Rice Corn(/meal) Oatmeal Peas Potatoes Sweet potatoes Red/green lentils Barley Wheat
Beans Flour Quinoa Other: _____

Any known food intolerances or dislikes? History of "sensitive stomach"? _____
