

Commercial Diet Questionnaire

In order for Dr. Bullen to proceed with optimal commercial diet recommendations, please provide the following information via fax or email:

Your /Clients Name: _____

Pet's Name: _____

Pet's Primary Care Doctor: _____ Hospital Name: _____

DIETARY HISTORY: To the best of your ability, please list all commercial (prescription and over-the-counter) diets fed to your pet. Please see the example before proceeding below.

Brand	Specific Name (Species, flavor, etc.)	Meals per day	Amount per meal (8 oz. cups vs. #oz. can)	Form (dry, canned, stew)	Current or past?
Ex: Royal Canin	<i>Feline, Renal Support A</i>	3	.25, 8 oz. cups	dry	current
Ex: Hill's	<i>Canine, i/d low fat</i>	2	¾, 13 oz. can	stew	past

Please list all human food(s) your pet has eaten in the past:

Protein: (example: chicken liver, ground beef, etc.) _____

Carbohydrates: (example: sweet potato, brown rice, etc.) _____

Please list any foods you pet WILL NOT consume: _____

Please provide any additional information you would like Dr. Bullen to know about your pet's eating habits or your diet philosophy: _____

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TREAT HISTORY: To the best of your ability, please list all commercial OR human-food treats fed to your pet. Please see the example before proceeding below.

Brand	Specific Name (Species, flavor, etc.)	Amount per day	Size	Current or past?
Ex: Milk Bone	Canine, Original Flavor	2	Large	current
Ex: NA	Chicken breast, boiled	1, 8 oz. cup	NA	current

Current Medications: To the best of your ability, please list all medications (prescription and over-the-counter) given to your pet. Please see the example before proceeding below.

Brand	Flavor, Name (if applicable)	Active ingredient	Concentration per capsule	Amount per day	Current or past?
Ex: Prilosec	NA	Omeprazole	20 mg	1	current

Current Supplements: To the best of your ability, please list all supplements (prescription and over-the-counter) given to your pet. Please see the example before proceeding below.

Brand	Flavor, Name (if applicable)	Active ingredient	Concentration per capsule	Amount per day	Current or past?
Ex: Nature's Bounty	Triple Strength Fish Oil (no flavor)	Omega-3 Fatty Acids (EPA +DHA)	1400mg Fish Oil (980mg EPA + DHA)	2	current

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Additional Questions:

1. Are there any children/ in-laws/ etc. in the house that give your pet additional food and table scraps? If so, how much/ how often? _____

2. Are there any other animals in the house? Does your pet have access to their food? If so, what do they eat AND please attempt to estimate how much. _____

3. Does your pet have ANYTHING else pass through their mouth on a regular basis? (hunting birds, lizards, bugs, cat poop, etc.) _____

4. How much exercise does your pet get per day? (distance, duration) _____

5. Are there stairs in your house? Is your pet able to go up and down without help? _____

Please feel free to send image attachments for the food, treats, and/or supplements. If more room is needed, please feel free to write on a separate piece of paper. Additional information is always welcome!

Once we have this information, we can begin our consultation for your pet. **PLEASE LET US KNOW EITHER WAY IF YOU WOULD LIKE TO PROCEED.** Should you have any questions or concerns, please do not hesitate to contact us. We are very much looking forward to working with you!

I, (the client) understand that:

- The personalized consultation provided by Dr. Bullen uses a) the information provided above and b) all available/ provided medical records.
- Additional supplements *may* be recommended based on my pet's disease state(s).
- There is no guarantee that my pet will eat the recommended diets.
- I agree to, and understand, the previously discussed turnaround time (if applicable).
- I will contact Dr. Bullen in a timely manner if there is any question or concern that my pet is not tolerating the diet changes.

Client Signature

Please type name if filling out electronically

Date of Signature