



Lifestyle History Form

Please answer the following questions about your pet

Guardian/Pet's name: _____ Date form completed: _____

Please list the brands and products and the amounts of ALL foods, treats, snacks, dental hygiene products, rawhide treat and other foods that your pet currently eats, including any human foods, or foods used to administer medications.

Food(Brand and/or flavor): _____

Form (canned, dry): _____

Amount per Day (in cups/oz): _____

Treats (Types and Amount): _____

If you feed dry, what size/type of measuring device do you use? _____

Do you give any dietary supplements (vitamins, fish oil)? Yes No

If yes, please list _____

My pet goes to: Boarding Grooming Daycare Dog Park Camping/Forest Other _____

My cat is: Indoor Only Outdoor Only Indoor/Outdoor

If your pet travels outside of Illinois, please list place(s): _____

Please describe the type and amount of exercise your pet receives daily/weekly: _____
