

**Daily Record of Food Intake for \_\_\_\_\_ Date: \_\_\_\_\_**

Your pet's diet may be an important key to his better health. Record the time of meal, type of food, or nutritional supplements given, and how much of each item your pet consumes each day. At the bottom of the page, please note the type and approximate quantity of water your pet drinks per day (i.e. tap, spring, filtered, bottled, please include the brand name and any other relevant information). Make any further notes of importance on the back of this form.

**Note: It is important to take into account things your pet consumes in addition to regular meals.** For example, does your pet receive treats from shop owners, the teller at the bank, the groomer, trainer, kennel, doggie day care, other relatives in your home, children in your home accidentally dropping food on the floor, pet or human food treats on special occasions? Do you disguise medications or supplements in treats/food items? Please note if your pet eats or drinks unusual items in the yard, at the park, on the floor, etc. Please attach recipes if you home prepare raw or cooked foods for your pet.

**Type of material your pet's food and water dishes are made of: \_\_\_\_\_**

**Do you microwave your pet's food? \_\_\_\_\_**

**Morning: Record time of day your pet eats the morning meal here: Time: \_\_\_\_\_ A.M.**

Food: Type of protein, type of carbohydrates; canned, dry, home-cooked, raw fresh or raw frozen; food brand name, etc.

Quantity: \_\_\_\_\_ Other food, supplements, or treats in A.M. \_\_\_\_\_

**Noon: Record time of day if your pet eats a noon meal here: Time: \_\_\_\_\_**

Food: Type of protein, type of carbohydrates; canned, dry, home-cooked, raw fresh or raw frozen; food brand name, etc.

Quantity: \_\_\_\_\_ Other food, supplements, or treats at noon: \_\_\_\_\_

**Evening: Record time your pet eats an evening meal here: Time: \_\_\_\_\_ P.M.**

Food: Type of protein, type of carbohydrates; canned, dry, home-cooked, raw fresh or raw frozen; food brand name, etc.

Quantity: \_\_\_\_\_ Other food, supplements, or treats in the evening: \_\_\_\_\_

**Water: Type/Brand: \_\_\_\_\_**

**Approx. amount of water consumed daily: \_\_\_\_\_**