

Nutritional History Questionnaire

YUMOVE[®]

ADVANCE 360
for Dogs



PLEASE COMPLETE QUESTIONARE BELOW:

Date	Pet's name	Species		
Breed	Date of Birth	Neutered/Spayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Tell me about your pet's living environment.

<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Both
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- Tell me about your pet's activity level.

<input type="checkbox"/> Plays/walks 3 times/day	<input type="checkbox"/> 1-2 times/day	<input type="checkbox"/> Never
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- Do you have other pets?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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a. If yes, list here
- Are pets fed separately?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- Does your pet have access to other, unmonitored food sources?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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a. If yes, please describe
- Tell me about your pet's appetite.
- Who feeds your pet?
- What changes have been made to your pet's diet in the past 30 days?

9. Please list the brands and product names (if applicable) and amounts of ALL foods, treats, snacks, dental hygiene products, rawhides, and any other foods that your pet is currently eating.

FOOD/TREAT	FORM	AMOUNT	HOW OFTEN	DATE STARTED

- Tell me what supplements your pet receives and their daily dosage.
- What medications is your pet taking and how is each administered?
- Tell me about the toys your pet enjoys.
- Tell me about food or treats not formulated for pets that your pet receives
- Tell me what foods/treats are NOT tolerated by your pet.
- If you are going on vacation and I am your pet sitter, tell me everything I need to do for your pet while you are gone?