



Questionnaire for the diet consultancy of your dog

Information owner

Name				
First name				
Street				
Place				
Country				
Email				
Mobile				
Requested service <small>(Please tick the relevant box)</small>	Diet analysis and plan <input type="radio"/>	Diet plan seasons best <input type="radio"/>	Buddy's Q&A <input type="radio"/>	Health advice <input type="radio"/>

Information dog

Name				
Breed				
Age				
Date of birth				
Sex				
Origin <small>(Please tick the relevant box)</small>	breeder <input type="radio"/>	shelter <input type="radio"/>	other, such as: _____	
Activity level <small>(Please tick the relevant box)</small>	very active <input type="radio"/>	tends to be active <input type="radio"/>	tends to be inactive <input type="radio"/>	very inactive <input type="radio"/>
Castrated/ Sterilized <small>(Please tick the relevant box)</small>	yes <input type="radio"/>	no <input type="radio"/>	non surgery method, such as: _____	
Weight	current weight	estim. optimal weight	<i>Please add photos showing your dogs' condition if available.</i>	
For puppies, if known	weight father	weight mother		



Information food					
Dry food	Brand/ product		gram/ day:		
	Canned food	Brand/ product		gram/ day:	
	Snacks	Brand/ product		gram/ day:	
		Brand/ product		gram/ day:	
Brand/ product			gram/ day:		
Fresh food	Which type meat do you use? (chicken, beef, horse, muscle meat, rumen, breast meat, wings, necks, bones, ...)		Which carbohydrates do you use (rice, potato, noodles, ...)		
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
	What type vegetable and fruit do you use?		What sort oil and fat (lard, linseed oil, ...) and animal/ dairy product (yoghurt, cheese, egg, ...) do you use?		
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	
	Which supplements do you use?			gram/ day:	
		gram/ day:		gram/ day:	
		gram/ day:		gram/ day:	



Incompatibilities / known allergies				
Abnormalities in digestion, diarrhoea				
Daily intake <small>(Please tick the relevant box)</small>	0 – 0,5l <input type="radio"/>	0,5 – 1,5l <input type="radio"/>	1,5 – 3l <input type="radio"/>	> 3l <input type="radio"/>
Preferences				
Which kind of feeding do you want to implement in the future? <small>(Please tick the relevant box, combination possible)</small>	fresh/ BARF <input type="radio"/>	dry food <input type="radio"/>	canned food <input type="radio"/>	other, such as: <input style="width: 50px;" type="text"/>
Where do you buy your dog food? <small>(Please tick the relevant box)</small>	webshop <input type="radio"/>	supermarket <input type="radio"/>	butcher <input type="radio"/>	pet supplies shop <input type="radio"/>
other, such as: <input style="width: 100%;" type="text"/>				
Information health issues				
Are there current or former known health issues? <small>(Please tick the relevant box)</small>	yes <input type="radio"/>	no <input type="radio"/>		
If yes, what health issue?				
Which symptoms occur, when and how often? <small>(i.e. symptoms of eyes, nose, ears, skin, smell, behaviour (tiredness, aggressiveness, itching, ...))</small>	Symptom	<input style="width: 100%;" type="text"/>	Occurrence	<input style="width: 100%;" type="text"/>
	Symptom	<input style="width: 100%;" type="text"/>	Occurrence	<input style="width: 100%;" type="text"/>
	Symptom	<input style="width: 100%;" type="text"/>	Occurrence	<input style="width: 100%;" type="text"/>
	Symptom	<input style="width: 100%;" type="text"/>	Occurrence	<input style="width: 100%;" type="text"/>
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	Symptom	<input style="width: 100%;" type="text"/>	Occurrence	<input style="width: 100%;" type="text"/>
	Symptom	<input style="width: 100%;" type="text"/>	Occurrence	<input style="width: 100%;" type="text"/>
Which medication is used?				
Are there any current or previous laboratory results (blood tests, feces screens)? <small>(Please tick the relevant box)</small>	yes <input type="radio"/>	no <input type="radio"/>	<i>If yes, please attach.</i>	
Thank you very much for your information. These are checked by us. Payment-binding commissioning takes place with the signed order confirmation. The order confirmation will be sent to you for signature as soon as possible after the documents you have submitted have been checked.				
If we while studying your information identify your dogs health might have more particular needs then the service requested by you, we will get in contact with you to discuss further steps and hourly rates.				
All provided data will only be used to ensure service fulfillment and internal administration and documentation. No data will be shared with third parties.				

Date	<input style="width: 100%;" type="text"/>	Signature/ Confirmation of the use of above data By buddy goes bananas	<input style="width: 100%;" type="text"/>
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