

# Dog Food Questionnaire

## 1. Dog Information

- Dog's Name: \_\_\_\_\_
- Breed: \_\_\_\_\_
- Age: \_\_\_\_\_
- Weight: \_\_\_\_\_

## 2. Dietary Preferences and Needs

- Does your dog follow a specific diet?
  - Grain-free
  - High-protein
  - Low-fat
  - Senior/puppy formula
  - Other (please specify): \_\_\_\_\_
- Preferred food type:
  - Dry kibble
  - Wet food
  - Homemade
  - Raw diet

## 3. Allergies and Sensitivities

- Does your dog have known allergies or intolerances?
  - Yes (please specify): \_\_\_\_\_
  - No
- Are there any ingredients your dog should avoid?
  - Yes (please specify): \_\_\_\_\_
  - No

#### 4. Feeding Habits

- How many meals does your dog eat daily?
  - 1
  - 2
  - 3+
- Favorite flavors (if known):
  - Chicken
  - Beef
  - Fish
  - Lamb
  - Other (please specify): \_\_\_\_\_

#### 5. Additional Comments

- Please share any additional information about your dog's diet or feeding habits:

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