

**Kingsfoil Integrative Veterinary Care**

**Daily Food Journal**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Three days prior to your pet’s next appointment at Thrive we ask that you record all of the foods that they eat (everything that passes their lips). Please make sure to include the quantity of each food item and complete all (3) days.

**DAY 1**

**Main diet** (include brand, variety and amount): Times fed:

Any other additional food items including table food or treats:

**Daily bowel movements** (number and consistency):

**DAY 2**

**Main diet** (include brand, variety and amount): Times fed:

Any other additional food items including table food or treats:

**Daily bowel movements** (number and consistency):

**DAY 3**

**Main diet** (include brand, variety and amount): Times fed:

Any other additional food items including table food or treats:

**Daily bowel movements** (number and consistency):

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