



Weight Loss Program - Questionnaire

Date: ___/___/___

Owner's Name: _____ # _____

Pet's Name: _____ # _____

Animal Profile

Species: Dog Cat Breed: _____
 Sex: Male Female Desexed: Yes No Age: _____

History

How long has your pet been overweight? _____

Medical Conditions/Recent Illnesses: _____

Lifestyle

Which activity level most closely matches that of your dog/cat?

Sedentary (0-30 minutes of activity/day) Moderately active (1-2 hrs/day) Active (3-4 hrs/day)

Is your pet left alone for long periods? Yes No

Do you take your pet for walks (dogs) or play games? Yes No

How often? _____ For how long? _____

Are there other pets in the household? No Yes (details) _____

How many people are in your household? Adults _____ Children _____

Feeding Habits

Is your pet a fussy eater? Yes No

Does your pet share the food bowl with other pets? Yes No

Measured amount of food or constant access (ad-lib)? Measured Constant access

How often is your pet fed each day? once twice 3 times More _____

Does your pet beg for food? Yes No

Do you use food as a reward or training aid? Yes No

At what times are meals served? morning midday afternoon evening before bed

How many people feed your pet? Yourself Partner Children Visitors Neighbours

Current Feeding Routine

Food Type (please tick box)

Description (eg. Pal)

Amount fed/day

<input type="checkbox"/> Dry Pet Food	_____	_____
<input type="checkbox"/> Canned Pet Food	_____	_____
<input type="checkbox"/> Semi-moist Pet Food	_____	_____
<input type="checkbox"/> Roll	_____	_____
<input type="checkbox"/> Homemade Food	_____	_____
<input type="checkbox"/> Pet Meat/Mince	_____	_____
<input type="checkbox"/> Leftovers/Table scraps	_____	_____
<input type="checkbox"/> Snacks/Treats/Rewards	_____	_____
<input type="checkbox"/> Bones	_____	_____
<input type="checkbox"/> Supplements/Medications	_____	_____

Please bring this completed questionnaire to your Weight Loss Program appointment at: _____ on ___/___/___