

WEIGHT CLINIC QUESTIONNAIRE

Pets Name _____ Age _____ Sex _____

Do you monitor your pet's weight at home? _____

Feeding

1) What food does your pet currently eat?

2) How much food does he/she eat daily and do you measure it out?

3) Who in your house feeds him/her and how many times daily do they get fed?

4) Throughout the day, does he/she receive any treats?

5) If so, what? Toast / fruit / biscuits / dog treats / scraps from plate / milk / cream..

6) Does he/she receive any food supplements in their meals?

7) If so, what and how often?

8) Could he/she be scavenging food or being fed elsewhere i.e. next door neighbour

9) Would you prefer your pet to eat the wet or dry form of the obesity diet, or a mix of both?

10) Have you ever offered your pet fruit or vegetables to try instead of normal treats?

Exercise

1) How much exercise does your pet get daily?

2) Where do you take them?

3) Have you found he/she to be less playful or less willing to go out for exercise recently?

4) Have you noticed that he/she has trouble in getting up from sitting?

5) Have you noticed any changes in his/her behavior or character?

6) Do you have any other pets in the household?

7) If so, does he/she get on well and tolerate them?

Thank you for taking the time to fill in this questionnaire as honestly as you can. Your answers will greatly help me to develop a diet plan that will best suit your pet to achieve the most positive results possible.