

North Portland Veterinary Hospital

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Weight Management (Food & Activity) Questionnaire

Background

Your Name _____ Phone/email _____

Pet Name _____

What breeds do you think your pet is most similar to? _____

Is your pet on any medications or supplements? _____

How do you medicate your pet if you need to? _____

Does this pet have any allergies or other dietary constraints? _____

How much time do you have to spend on your pet(s) feeding and activity schedule? _____

Activities

What activities do you enjoy with your pet? _____

What is your favorite game to play together? _____

How long can your pet play before tiring out? _____

How much access to outside does your pet have? _____

Feeding Habits

Who in household is responsible for feeding? _____

Does anyone else offer any food or treats? _____

What food is being fed? Please be as specific as possible: include brand, flavors/variety, wet or dry.

Frequency of feeding? _____

Amount fed (each food)? Please bring scoops used. _____

Where in the house is the food placed? _____

Is any food left over when your pet walks away from the dish the first time? _____

How often is food added to your pet's dish? _____

What variety of treats are given? _____

Frequency? _____

Amount of treats given? _____

What else goes into your pet's mouth during day? (And is ingested.) _____

Does your pet have access to where the pet food is kept? _____

Does pet have access to any garbage or countertops (at home or out)? _____

Behavior

What does your pet do to ask for attention? _____

What does your pet do to ask for feeding? _____

What does your pet do to ask for treats? _____

Would you consider your pet to be food motivated? _____

Other Household Pets

Are there dietary restrictions of any sort placed on other household pets? _____

How many other pets are in the house? What kind of animal(s) are they? _____

If so, where, what food(s), and what time are they fed? _____

How long is food available for each pet? _____