

Weight Loss Diet History Form

Owner Information

Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Email

example@example.com

Patient Information

Name

Breed

Age

Sex

Current Veterinary Hospital

Diet

Is your pet up to date on all vaccines? Proof of vaccination is required at your first appointment

Yes

No

Unsure

Describe your pets regular activity and daily exercise routine

If you need to cancel or reschedule for any reason, please contact us as soon as possible so that we can offer this time to another client. Appointments cancelled with 24 hours or less notice may be non-refundable.

I understand

By signing this document, By submitting this document, I understand that my pet has either a) been referred by my veterinarian for weight loss or b) can benefit from general fitness and conditioning. My pet will not undergo any diagnostic procedures or receive treatment for any new or unrelated concerns during weight loss sessions. All such concerns should be discussed with my veterinarian prior to or following the weight loss session. I understand that Blue Springs Veterinary Rehabilitation Center does not solicit for or have any direct association with surrounding veterinary hospitals. I understand that my pet can not be seen at Black Creek Animal Hospital for veterinary care within 1 year of referral to Blue Springs Rehabilitation Center.

Species

- Canine
- Feline
- Other

Has your pet been examined in the past year and been deemed fit to engage in a weight loss exercise program?

- Yes
- No
- Unsure

Describe your pets environment - Stairs? Flooring? Other pets? etc

Is your pet supervised while outdoors?

- Yes, always
- Yes, often
- No

How active is your pet?

- Very active
- Moderately active
- Not very active
- Mostly inactive

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- Moderately active
- Not very active
- Mostly inactive

Would you be able to increase the amount of exercise your pet gets if recommended?

- Yes
- No
- Maybe

How many adult and children are in your household? How many other pets?

Describe how your pets feeding amount is determined each day ie: measuring cup, gram scale, free fed, etc

List any supplements or other food items not listed above that your pet receives (type and amount)

Have you made any change to your pets diet in the last 4 weeks?

- Yes
- No

If yes, please explain:

Do you have any specific questions about feeding or nutrition for your pet?