

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

How much time does your pet spend walking, playing or running each day?

- > 3 hours

- 1-3 hours
- 30-60 minutes
- < 30 minutes
- 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?

Who is responsible for feeding your pet?

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

Please list below the brands and product names (if applicable) and the amount of all foods, treats, snacks, dental hygiene products, rawhides and any other foods that your pet currently eats, including foods used to administer medications and human food treats.

Food/Treat (Brand and Flavor)	Form (dry/canned)	Amount fed	Frequency	Fed Since
1				
2				
3				
4				
5				

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

How would you describe your pets appetite?

- Ravenous, Always looking for food
- Good, Eats what is offered
- Fussy, May skip meals
- Poor, Often requires coaxing to eat

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

- Yes
- No

If yes, please explain:

How would you describe your pets body condition / weight?

- Very overweight
- Somewhat overweight
- Ideal weight
- Underweight

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

I give permission to have my pets photo, name and brief description of their condition posted on social media (Facebook/Instagram).

Yes

No

Accident and Injury Disclaimer

I understand that the staff at Blue Springs Animal Rehabilitation Centre will take any and all necessary and reasonable precautions to ensure the safety of my pet. I understand, however, that should my pet sustain an injury while participating in any and all physical activities offered at the center, Blue Springs Animal Rehabilitation Center will not be held responsible for any veterinary assessment or treatment. If my pet has been referred to Blue Springs Animal Rehabilitation Center by my veterinarian for a diagnosed health concern, I understand that treatment recommendations and protocols will be developed for this particular condition. Should the referring veterinarian's diagnosis be incorrect, Blue Springs Animal Rehabilitation Center will not be held responsible for any unexpected results arising from the recommended activities. I understand that if my pet is not responding to treatment as expected, I may be asked to return to my veterinarian for reassessment or further investigation.

Name *

First Name

Last Name