

## Weight management – in cats

This questionnaire will help us to identify your pet's weight and to make a treatment and management programme uniquely tailored to your pet's need. Please speak to a member of the team if you have any questions about this. We're here to support you.

Cat's name: ..... Breed: .....

Age: .....

Gender: .....

Neutering status: .....

Owner's name: .....

Owner's number: .....

Owner's e-mail address: .....

Is your cat currently on any long term medications?  
.....

Does your cat have any diagnosed health conditions?  
.....

Are they up to date with flea/worming treatments?

Yes

No

Which product? .....

## Diet

1. How would you judge your cat's weight?

Underweight     Ideal     Overweight     Not sure

2. Do you know what your cat's ideal weight is?

Yes     No

3. How would you describe your cat's appetite?

Good     Average     Low

Would you describe your cat as food orientated?  
.....

4. What are you currently feeding your cat?

Meals/left down during day     Treats/left overs     Anything else



5. Are you feeding them any treats?

Yes

No

Brand: \_\_\_\_\_ Quantity: \_\_\_\_\_

*If any extras are given, when, why and how often do you do so? For example, always give the cat a treat to encourage them inside at night.*

6. How much are you feeding per day?

\_\_\_\_\_ grams

7. How often is your cat fed? \_\_\_\_\_

8. How are they fed? (bowl, activity feeder etc.)

9. How much does the food manufacturer recommend is fed per day?

10. Have you tried other food companies / types before? Please give details

11. Does your cat drink anything other than water? (Eg. Tea/milk/gravy)

12. Please list how many people would give your cat food throughout the day, or visit the house often? (family, friends, pet sitters etc.)

13. How many pets are fed in the household, and are they on a special diet?  
*Please indicate how many dogs/cats/other species you have*

## Exercise

14. Is your cat an indoor or outdoor cat?

Indoor

Outdoor

15. Would you say your cat is active?

Yes

No

16. If they have outdoor access, how long on average do they spend outdoors per day?

17. Do they leave the garden/immediate outdoor area?

Yes

No

18. Do they enjoy playing with toys?

Yes

No

