

CHOMP

Companion Animal Health & Obesity Management Program

Owner's Name:

Pet's Name:

Acct # :

Animal Profile

Species: Dog

Cat

Breed:

Sex: Male

Female

Neutered:

Yes

No

Age:

History

How long has your pet been overweight?

Please list all medical conditions or recent illnesses:

Lifestyle

Which activity level most closely matches that of your dog/cat?

Sedentary (0-30 minutes activity/day)

Moderately Active (1-2hrs/day)

Active (3-4hrs/day)

Is your pet left alone for long periods?

Yes No

Do you take your pet for walks (dogs) or play games? Yes No

How Often? _____ For How Long? _____

Are there other pets in the household?

No Yes (details) _____

How many people are in your household?

Adults ____ Children ____

Feeding Habits

Is your pet a fussy eater?

Yes No

Does your pet share his/her food bowl with other pets?

Yes No

Do they have

Measured amount of food

Constant Access (Ad-Lib)

How often is your pet fed each day?

Once Twice 3 times

More _____

Does your pet beg for food?

Yes No

Do you use food as a reward or training aid?

Yes No

At what times do you feed your pet?

Morning Midday

Afternoon

Evening

Before Bed

Current Feeding Routine

As accurately as possible, please include all foods that your pet currently eats throughout the day. For each food include the amount and as full of a description as possible. This is important so that we can incorporate the program into your pet's current lifestyle as accurately as possible. (This includes treats and any people foods)

Royston Animal Hospital