Appanasha Pet Clinic phone (920)725-8307

1205 Wittmann Drive fax (920) 725-9040

Menasha, WI 54952 staff@appanashapetclinic.com

[www.appanashapetclinic.com](http://www.appanashapetclinic.com)

**Weight Loss Form**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­

**Phone Numbers:** **Home** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type and brand of food do you feed your pet (canned or dry)?**

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**How much food do you feed your pet?**

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**How is your pet fed:** □ Free Feeding □Scheduled Feeding

**What type and amount of treats per day?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Are there any other additional sources of food?** □ Yes □ No

**If answered *yes* to the previous question, please list these sources (Snacks from family members, neighbors, other pet’s food bowl, etc.):**

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**What medications does your pet receive?**

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**Are medications given with additional treats/food (how much is given with the medication?**

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**Who is responsible for feeding your pet or is it a shared duty in your household?**

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**Describe your pet’s activity level and exercise routine.**

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