

Owner information

1. *Mark only one oval.*

☐ Option 1

2. What is the owner's name?

3. What is the owner's email address?

4. What is the owner's phone number?

Cat information

5. What is the cat's name?

6. What pedigree is the cat?

Mark only one oval.

☐ Pure breed

☐ Mixed breed

☐ Unknown

7. If known, please name the breed of the cat.

8. Describe the type of coat the cat has.

Mark only one oval.

☐ Hairless

☐ Short-haired

☐ Medium-haired

☐ Long-haired

9. What is the sex of the cat?

Mark only one oval.

☐ Female

☐ Male

10. Has the cat been neutered/spayed?

Mark only one oval.

☐ Yes






☐ No

11. What is the approximate age of the cat in years?

Weight history

12. What is the body condition score of the cat?

BODY CONDITION SYSTEM

TOO THIN	1	Ribs visible on shorthaired cats; no palpable fat; severe abdominal tuck; lumbar vertebrae and wings of ilia easily palpated.	
	2	Ribs easily visible on shorthaired cats; lumbar vertebrae obvious with minimal muscle mass; pronounced abdominal tuck; no palpable fat.	
	3	Ribs easily palpable with minimal fat covering; lumbar vertebrae obvious; obvious waist behind ribs; minimal abdominal fat.	
	4	Ribs palpable with minimal fat covering; noticeable waist behind ribs; slight abdominal tuck; abdominal fat pad absent.	
IDEAL	5	Well-proportioned; observe waist behind ribs; ribs palpable with slight fat covering; abdominal fat pad minimal.	
TOO HEAVY	6	Ribs palpable with slight excess fat covering; waist and abdominal fat pad distinguishable but not obvious; abdominal tuck absent.	
	7	Ribs not easily palpated with moderate fat covering; waist poorly discernible; obvious rounding of abdomen; moderate abdominal fat pad.	
	8	Ribs not palpable with excess fat covering; waist absent; obvious rounding of abdomen with prominent abdominal fat pad; fat deposits present over lumbar area.	
	9	Ribs not palpable under heavy fat cover; heavy fat deposits over lumbar area, face and limbs; distention of abdomen with no waist; extensive abdominal fat deposits.	

Mark only one oval.

1	2	3	4	5	6	7	8	9
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. What date (MM-YY-DD) was the cat placed on a diet to manage its weight?

14. What weight (lbs) was the cat when it was placed on a diet to manage its weight?

15. What weight (lbs) is the cat now?

16. Aside from today's visit, has the cat visited the clinic since it was placed on a calorie restricted diet? If so, what dates (MM-DD-YY) were these visits on and what weight (lbs) was the cat at each visit?

Medical history

17. Aside from obesity, does the cat currently have any medical conditions?

Mark only one oval.

☐ Yes

☐ No

18. If the cat has any medical conditions aside from obesity, please describe their medical conditions.

19. Based on the records available to you, if the cat has been prescribed antibiotics at any point in its life, for each antibiotic, please name the antibiotic, the date(s) at which it was prescribed (MM-DD-YY), the dosage(s) administered (mg), and the duration(s) of the course(s) (days).

20. Based on the records available to you, if the cat has been prescribed medication at any point in its life, aside from antibiotics, for each medication, please name the medication, the date(s) (MM-DD-YY) at which it was prescribed, the dosage(s) administered (mg), and the duration(s) of the course(s) (days).

21. Has the cat ever been diagnosed with any gastrointestinal disorders?

Mark only one oval.

☐ Yes

☐ No

22. Please specify what gastrointestinal disorder(s) the cat has been diagnosed with. If not applicable, leave blank.

23. Has the cat had any surgery within the last 6 months?

Mark only one oval.

☐ Yes

☐ No

24. Please specify what surgery the cat had within the last 6 months. If not applicable, leave blank.

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