

Pre-Weight Consultation Questionnaire



Client Name: _____

Address: _____

Pets Name: _____

Age of pet: _____

Breed: _____

Is your pet neutered? Yes No

Do you know how much your pet weighs? (If yes, please state) _____

Do you believe your pet is overweight? Yes No

What do you currently feed your pet? (Please give as much detail as possible)

Is the food: Wet (cans, pouches etc) Dry (biscuit) Combination

How often do you feed your pet? _____

Do you leave food down for your pet? _____

How much (in weight or volume) do you feed your pet?

Do you measure or weigh the food? Yes No

Who feeds your pet? (Ensure all members of the household are listed)

Do you have children? Yes No If yes, how old are they?

Please give details of what else you give your pet to eat? (commercial treats, human foods etc). Try to give as much information as you can and provide packaging if possible. _____

If you do give extras, when, why and how often do you do so? For example, always give a dog biscuit before you leave for work, 5 days a week. _____

Please give us details of what your pet drinks other than water? (Tea, milk, gravy etc).

