

Dr. Jeremy Chivers
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332 Geneva Street
St. Catharines, ON
L2N 2G6

Medicine and Surgery Exclusively for Cats

Dear client,

At Garden City Cat Hospital, we understand that you are looking for distinctive value and results with regard to your cat's weight loss. Generalized weight reduction programs usually yield variable results. Therefore, we feel that the more we know about your pet's lifestyle and eating behavior, the better we will be at developing a personalized weight reduction program that is right for your cat; one which delivers solid results. As such, in order to put together a more meaningful, individualized program, which would give us the greatest opportunity for success with your cat, we would find it beneficial if you would complete the following questionnaire.

Once completed, please drop off the questionnaire at your convenience (to the hospital), mail to Garden City Cat Hospital, 332 Geneva Street, St. Catharines, ON, L2N 2G6 or fax to (905) 646-5121.

If you have any questions about the questionnaire or about the weight reduction program in general, feel free to contact us at (905) 646-8800. Thank you for taking the time to complete the questionnaire. It will assist us in helping you to achieve the results you are looking for. Your cat thanks you, too!

Together, caring for your pet.

Staff of Garden City Cat Hospital

Thank you for giving us the opportunity to care for your pet.

Date: _____

CLIENT QUESTIONNAIRE
PET WEIGHT REDUCTION PROGRAM
(Please complete both sides of this questionnaire)

Client name: _____

Pet's name: _____

Current weight: _____ lbs/kg

Target weight: _____ lbs/kg

Estimated time to achieve target weight: _____

General Information

1. How many family members feed your pet? _____

2. Do you have children? _____

If yes, what are their ages? _____

3. Do you have neighbours that feed your pet? _____

4. Do you currently own a pet carrier? _____

5. Was your pet overweight as a kitten? _____

6. How much time per day does your pet spend outdoors? _____

7. How much exercise does your pet receive on a daily basis? _____

8. How many bowel movements does your pet have? _____

Please describe the stool (firm, moist, loose, colour) _____

9. Does your pet pass gas frequently? _____

10. Is your pet home alone for extended periods of time? _____

If so, how many hours in succession? _____

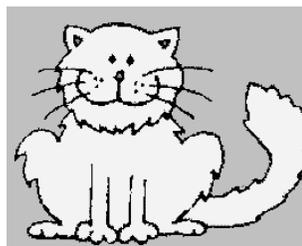
11. Do you have toys for your pet? _____

12. If you have more than one pet, do they:

a) have separate food bowls? _____

b) eat from each other's food bowls? _____

13. Additional comments:



**Please turn
over, and
complete back
side.**

Diet Information

Note: If you require additional space for writing comments, feel free to attach a separate sheet of paper to your questionnaire.

1. What brand(s) of food have you been feeding your pet? _____

2. How much food do you feed your pet?

Dry: Cups/day _____

(std dry measure cups. **Please** measure)

Wet: Cans/day _____

(size in oz/g)

3. Do you add things to your pet's meals to make them tastier? _____

If yes, please elaborate _____

4. Does your pet beg for food at dinner time? _____

If yes, how do you respond? _____

5. Does your pet receive snacks in between meals? _____

If yes, how many, what type and how large? _____

6. When are you most likely to reward your pet with treats? _____

7. How many times per day do you feed your pet? _____

8. How often do you normally purchase your pet's food? _____

9. What size of bag or number of cans do you usually purchase? _____

10. How would you describe your pet's eating behavior (please check most applicable)

"Inhales it"

"Eats methodically"

"Picks at meals"

"Nibbles"

11. Do you feel your pet is hungry all the time? _____

If yes, how does this behavior make you feel? _____

12. What are your expectations for results in this program? _____

13. Has your pet ever been on a weight reduction program before? _____

If yes, was it successful? _____

If no, what difficulties did you encounter? _____

14. What do you anticipate will be the most difficult for you in implementing a weight loss program with your pet? _____

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire to Garden City Cat Hospital, 332 Geneva Street, St. Catharines, L2N 2G6 or simply fax the completed questionnaire to us at (905) 646-5121.

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Garden City Cat Hospital's Guide to Weight Reduction in Cats
Ten (10) very important reasons for helping your cat to lose weight



1. Lower risk of feline lower urinary tract disease
2. Lower risk of diabetes
3. Lower anaesthetic/surgical risk
4. Lower risk of heart and respiratory disease
5. Lower risk of joint disease
6. Lower risk of hepatic lipadosis (fatty liver disease)
7. Greater energy and vitality
8. Can more easily groom him/herself, for healthier skin and coat
9. Happier disposition and enhanced longevity
10. Less trips to the vet for medical appointments

Today's weight: _____
4 weeks: _____
8 weeks: _____
16 weeks: _____
20 weeks: _____
24 weeks: _____
28 weeks: _____



1. Medi-Cal Reducing
2. Hills Prescription r/d
3. Royal Canin Calorie Control

Thank you for giving us the
opportunity to care for your pet.