



## Owner Observations on Pet Weight

ACCT # \_\_\_\_\_

Pet Name: [Click here to enter text.](#)      DATE: [Click here to enter text.](#)

Pet Parent's Name: [Click here to enter text.](#)

**To help us serve you and your pet, please take a few minutes to answer the following true or false questions.**

- T ☐ F ☐ 1. I am aware of the health risks to my pet if he or she is overweight.
- T ☐ F ☐ 2. I think that my pet's health would improve if he or she lost weight.
- T ☐ F ☐ 3. My pet's need for weight loss has been on my mind.
- T ☐ F ☐ 4. I have started working on my pet's weight, but would like some help.
- T ☐ F ☐ 5. I am concerned that my pet has a weight problem, but my family is not.
- T ☐ F ☐ 6. I may be part of my pet's weight problem because I can't resist giving treats.
- T ☐ F ☐ 7. I have tried everything to help my pet lose weight, but nothing works.
- T ☐ F ☐ 8. I wish I had more ideas about how to solve my pet's weight problem.
- T ☐ F ☐ 9. I am willing to monitor my pet's food intake
- .
- T ☐ F ☐ 10. I am willing to do whatever it takes to help my pet lose weight.