



Association for
Pet Obesity Prevention

Step Weight Loss Program

Pet's Name _____ Today's Date _____

Dog Cat Gender: Male Male Neutered Female Female Spayed Age _____

Existing Medical Conditions:

Starting Weight: _____ Length: _____

Abdominal Circumference: _____ Thoracic Circumference: _____

Monthly Weight Loss Goal: _____ pounds per month

Ideal Weight: _____

Time to Ideal Weight: _____ months Date to reach ideal weight: _____

Starting calories to feed: _____

Diet recommendation: _____ cups cans per day

| Weight Check Date | Target Weight for that Day | Calories to Feed | Actual Weight | Abdominal Circumference | Thoracic Circumference |
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