2014 AAHA Weight Management Guidelines for Dogs and Cats

IMPLEMENTATION TOOLKIT
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AAHA Standards of Accreditation

The AAHA Standards include standards that address weight management. For information on how accreditation can help your practice provide the best care possible to your patients, visit aahanet.org/accreditation or call 800-252-2242.

Free web conference available now!

Be sure to check out the 2014 Weight Management Guidelines for Dogs and Cats implementation web conference with Dr. Ernie Ward, DVM, available at aahanet.org/webconf. Earn 1 hour of CE credit.
Vet Guidelines Matter

Veterinary practice guidelines, including the 2014 AAHA Weight Management Guidelines for Dogs and Cats, help ensure that pets get the best possible care. From medical director to veterinary assistant, guidelines keep your hospital staff on the cutting edge of veterinary medicine.

The 2014 AAHA Weight Management Guidelines for Dogs and Cats is the most complete and medically sound compilation of updates, insights, advice and recommendations ever developed. Those guidelines help ensure all pets enjoy the benefits of assessment and management to maintain a healthy weight throughout their lifetimes.

AAHA guidelines review the latest information to help veterinary staff address central issues and perform essential tasks to improve the health of the pet. In addition, AAHA guidelines define the role of each staff member so that everyone on the health care team can work together to offer the best-quality medical care.

Guidelines are just that: a guide established by experts in a particular area of veterinary medicine. Guidelines do not outweigh the veterinarian’s clinical judgment; instead, AAHA guidelines help veterinarians develop and carry out treatment plans that meet each patient’s individual needs and circumstances.

Aligning your practice’s protocols with AAHA Guideline recommendations is a key step in ensuring that your practice continues to delivery best-quality care. To support your dedicated efforts, AAHA is pleased to offer this toolkit. In here, you will find facts, figures, highlights, tips, client handouts and other tools you can use every day to implement the recommendations of the 2014 AAHA Weight Management Guidelines for Dogs and Cats.

In addition, AAHA and other organizations have committed to providing a full suite of implementation tools, fact sheets and more information through the Pet Nutrition Alliance (PNA, available at petnutritionalliance.org/default.aspx). Page 23 of this toolkit highlights just a few of the many resources you can find on the PNA website. AAHA and other organizations are continually updating the website, so check back often for new tools.

Thank you for helping to advance our shared mission to deliver the best in companion animal medical care. Together, we can make a difference!

Michael T. Cavanaugh, DVM, DABVP
AAHA Chief Executive Officer

When selecting weight management products, as well as other types of products, veterinarians have a choice of products formulated for humans and those developed and approved for veterinary use. Manufacturers of veterinary-specific products spend resources to have their products reviewed and approved by the U.S. Food and Drug Administration for canine and/or feline use. These products are specifically designed and formulated for dogs and cats and have benefits for their use; they are not human generic products. AAHA suggests that veterinary professionals make every effort to use veterinary FDA-approved products and base their inventory purchasing decisions on what product is most beneficial to the patient.
Summary of Key Points

**Weight management** is an essential component of every pet’s health care plan.

**Excess weight** can reduce longevity and adversely affect quality of life. It is associated with skin and respiratory disorders, renal dysfunction, an increased risk of metabolic and endocrine disorders, orthopedic disease and some types of cancer.

**The entire veterinary team** should be knowledgeable about weight management, prevention of weight gain, weight loss protocols, online information sources and client educational materials.

**A thorough nutritional assessment** is necessary for the practitioner to design a weight loss plan. Use the 2014 AAHA Weight Management Guidelines for Dogs and Cats in conjunction with the 2010 AAHA Nutritional Assessment Guidelines for Dogs and Cats to create your overall approach.

**An effective individualized weight loss program** is achieved with appropriate caloric restriction, diet selection, exercise and strategies to help modify behavior of both the pet and client.

**The clients’ and pets’ individual circumstances**, family and environment will affect the details of the weight management plan.

**Home management is vital for weight control.** Working in partnership with clients to create a plan that will work with their lifestyle and abilities is essential. Keep in mind that what works for one client may not work for another.

**Record the results** of all examinations and ongoing evaluations in the medical record.

**Maintaining an ideal body weight** is a lifelong process that begins at the first veterinary visit, extending for the life of the pet.
Up to 59% of dogs and cats are overweight, making this the most common nutritional disorder identified in veterinary practice. Excess weight can reduce longevity and adversely affect quality of life. The hormones and inflammatory cytokines released by excess adipose tissue lead to a state of chronic inflammation, the impact of which is not completely understood at this time. Excess weight is associated with skin and respiratory disorders, renal dysfunction, and it increases the risk of metabolic and endocrine disorders (e.g., diabetes), orthopedic disease, and some types of cancer.

Weight management, including obesity prevention and treatment, remains a challenge for veterinarians and clients alike. Among clients with dogs defined as “overweight” by the veterinarian, one study showed that 39% of the clients thought that their dogs were at an acceptable weight. Those clients are unlikely to be aware of the negative impact excess weight has on their pets’ health. Additionally, some veterinarians struggle to find a tactful and effective way to discuss the impact of obesity and importance of weight loss.

The goals of these guidelines for dogs and cats are to raise awareness of the negative health consequences of excess weight, promote the prevention of excess weight, and offer guidelines and tools for the management of weight loss and long-term maintenance of healthy weight. Although “weight management” may also include dogs and cats that are underweight due to lifestyle or medical causes, management of such cases can be complex and is beyond the scope of this document.

An effective individualized weight loss program provides a consistent and healthy rate of weight loss to reduce risk of disease, prevent malnutrition, and improve quality of life. Weight loss is achieved with appropriate caloric restriction, diet selection, exercise, and strategies to help modify behavior of both the pet and client. This document offers guidelines and tools for the management of weight loss and long-term maintenance of healthy weight.

**Prevention**

Because of the high prevalence of overweight pets and the health risks associated with excess body fat (BF), prevention efforts used by the entire veterinary team may positively impact pet health. The most appropriate time for weight management and intervention is prior to weight gain and the subsequent development of clinical disease. Maintenance of a healthy weight should begin with the first veterinary visit including recommendations for the following:

- Puppy and kitten feeding
- Evaluating body condition score (BCS) and how to adjust feeding when BCS changes are noted at home, particularly after either spaying or neutering
- Maintaining an ideal adult weight
- Maintaining exercise and activity
- Behavior training using interactive rewards as alternatives to food
- Educating clients about the limitations of pet food labels and label feeding recommendations

**Abstract**

Communicating and implementing a weight management program for dogs and cats can be a challenging endeavor for veterinarians, but a rewarding one. An effective individualized weight loss program provides a consistent and healthy rate of weight loss to reduce risk of disease, prevent malnutrition, and improve quality of life. Weight loss is achieved with appropriate caloric restriction, diet selection, exercise, and strategies to help modify behavior of both the pet and client. This document offers guidelines and tools for the management of weight loss and long-term maintenance of healthy weight.
Monitor weight trends and proactively address weight gain early at any BCS above the ideal. Adverse subclinical consequences such as low-grade chronic inflammation are the most difficult to perceive as a health issue, yet before clinical signs are evident is the most appropriate time for medical intervention.

Puppies and kittens must consume food that meets their requirements for growth to ensure adequate intake of critical nutrients, such as protein, calcium, and phosphorus, until they have completed skeletal growth.23 Instruct clients to monitor puppies’ and kittens’ BCS q 2 wk. At the time of either spaying or neutering, there may be an increase in the pet’s appetite but a decrease in its caloric needs.23-25 There should be nutritional assessment at regular intervals postgonadectomy. If the growing pet has a BCS higher than ideal, switch to a lower calorie puppy or kitten food, eliminate other sources of calories, and emphasize exercise and environmental enrichment. Either changing to an adult food or weight-loss food before skeletal maturity is complete is not recommended as that may not meet nutritional requirements for growth.

Seasonal changes may affect both activity and appetite.26 Temperature extremes often limit outdoor activities and decrease daily caloric expenditure. Educate clients about diet and feeding management adjustments that are necessary when energy expenditure changes to avoid repeated cycles of weight gain and weight loss.

Weight monitoring and prevention of weight gain is particularly important for dogs prone to obesity (e.g., Newfoundlands, dachshunds, cocker spaniels, or any dog with low energy expenditure) and cats housed mostly indoors with minimal activity.4,27-29

Aging also affects metabolic rate and activity level.30-32 Nutritional reassessment at yearly exams will help to identify and address weight gain as pets age. The greatest prevalence of obesity has been identified in dogs and cats between the ages of 5 yr and 12 yr, so that age group may benefit from increased vigilance and perhaps a diet change to a less calorie-dense food.

**Initial Assessment**

Begin by assessing the patient, the environment, and obtaining a full diet history as detailed in the *AAHA Nutritional Assessment Guidelines for Dogs and Cats.*21 Identify all household and environmental factors that impact feeding management (i.e., current diet, feeding schedule, treats, numbers and perceptions of household members involved with feeding), exercise (current and potential), and the environment (housing, environmental enrichment).21

**Assess the Patient**

In addition to a complete physical exam, the patient health assessment may include relevant laboratory and imaging studies as appropriate to assess for comorbidities that may impact either caloric needs or require additional management (e.g., exercise limiting orthopedic disease, metabolic/endocrine disorders).

Evaluate the pet’s current body weight (BW), BCS, and muscle condition score (MCS) as part of the health assessment and for determining healthy weight.21,33 Assessing the MCS along with the BCS will establish a baseline from which you may monitor muscle and fat loss, especially if there is either a comorbid condition (where either the weight loss rate may be lower or the patient is at risk for loss of muscle mass due to the catabolic impact of disease) or the patient is losing weight too rapidly (resulting in loss of muscle mass).

Estimating the pet’s ideal weight helps determine the pet’s caloric requirements and establishes a motivating goal. Some ways to estimate a patient’s ideal weight include the following:

1. Historical. Check the medical record for the pet’s weight and BCS history to determine whether it shows a previous ideal weight that correlates to a BCS of 5 out of 9 or 3 out of 5.
2. Calculate the ideal weight from the current BCS if historical weight information is not available. Each BCS \( \geq 5 \) (on a 9 point scale) or half of a BCS \( \geq 3 \) (on a 5 point scale) is equivalent to being 10% overweight.34-37

For example, a 45 kg Labrador retriever that has a BCS of 8 out of 9 is 30% overweight and its ideal weight is approximately 32 kg (Table 1).

3. Use the percent BF that correlates with the BCS scores to estimate ideal weight using the equation: [current BW \( \times (100 - \%BF)/0.8 \). Note that lean mass is 80% of the ideal BW, assuming 20% BF.

Although there is not an established criterion in veterinary medicine, for the purpose of this document, the authors define obese as a BCS of \( \geq 8 \) out of 9 (or 5 out of 5). Although studies often do not differentiate overweight pets from obese pets, health risks and clinically apparent disease seem greater in severity as weight gain increases. Long-term studies of pets with various BCS categories against controls are needed to verify that clinical impression. All overweight pets suffer from similar, yet less obvious morbidities, and should be treated with as much urgency for weight loss as obese pets.7

It is challenging to accurately determine ideal BW in obese patients that exceed the BCS scale (i.e., \( > 5 \) out of 5 or \( > 9 \) out of 9, correlating to being \( > 40\% \) overweight). There is no proven method for adjusting the calculation for severely obese patients, and the above approach may cause an overestimate of the ideal weight. Reassessing the patient as their BCS improves during weight loss allows refinement and more accurate estimate of the patient’s ideal weight.

**Assess the Client and Feeding Management**

Success for weight loss depends on the client’s willingness, interest, and ability to follow recommendations (i.e., adherence). Assess the client’s readiness to change his/her feeding habits and evaluate opportunities for changing the pet’s management and lifestyle.39 Identify challenges the client has faced in the past with
feeding management to effectively tailor the plan to the patient and engage the entire household.

**Assess the Current Diet**
The diet history can provide valuable information about current caloric intake that can serve as a starting point for the weight loss program and help the veterinarian anticipate potential challenges to the weight loss plan (discussed in detail below). Collect information about total daily intake (i.e., varieties and amounts of foods, treats, chews, and supplements; feeding management; and any use of food to administer medication), with sufficient detail to account for all calories ingested. Anticipate nutritional imbalances when treats and human foods exceed 10% of the total caloric intake.21

Evaluate how food plays a role in the client relationship with the pet, such as food used for training, nurturing, or bonding in specific situations. Assess “nonnegotiables” lifestyle aspects that the client seems either unlikely or unable to change and try to incorporate some aspect of those aspects into the plan. Such compromises can help increase adherence and trust moving forward with the weight loss program.

**Designing a Weight Loss Program**

**Overall Approach**
After the initial assessment is complete, formulate an individualized weight loss plan. The plan should include the determination of the following:

1. Ideal BW
2. Caloric restriction
3. Food selection and treat allowance(s)
4. Feeding management and activity plans
5. Scheduled follow-up

**Determine Daily Caloric Intake**
The approach to determining the daily caloric goal for weight loss depends on the presentation and history of the patient.39 Any method of caloric restriction is merely a starting point and subject to individual metabolism. Regular monitoring is essential to ensure healthy weight loss and allow for necessary adjustments in caloric intake. Two options for determining the daily caloric requirements for weight loss are the following:

1. Feed an amount to provide 80% of the current caloric intake. That approach may be effective in patients that are overweight and are at a stable weight with an accurate diet history. However, if a pet is actively gaining weight, a greater reduction may be required to promote effective weight loss.
2. Calculate the resting energy requirement (RER) using the pet’s estimated ideal weight then feed a percentage of that amount. Although there is no established standard reduction, feeding 80% of ideal-weight RER is effective

Educate clients about diet and feeding management adjustments that are necessary when energy expenditure changes to avoid repeated cycles of weight gain and weight loss.

**TABLE 1**

**Summary of BCS Scales and Their Relationship with BF and BW**36,68–71

<table>
<thead>
<tr>
<th>9 point scale</th>
<th>5 point scale</th>
<th>% BF*</th>
<th>% Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>2.5</td>
<td>15–19</td>
<td>Ideal</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>20–24</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>3.5</td>
<td>25–29</td>
<td>10%</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>30–34</td>
<td>20%</td>
</tr>
<tr>
<td>8</td>
<td>4.5</td>
<td>35–39</td>
<td>30%</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>40–45+</td>
<td>40%</td>
</tr>
<tr>
<td>&gt;9</td>
<td>&gt;5</td>
<td>&gt;40%</td>
<td></td>
</tr>
</tbody>
</table>

*Current body weight × (100 – % BF)/0.8. Lean mass is 80% of ideal weight (assuming 20% BF). BCS, body condition score; BF, body fat; BW, body weight.
Calculate the daily RER for ideal BW in kg using one of the following two equations. Note that the first equation can be used for patients of any weight. The second equation is used for patients weighing 2–25 kg, but note that the second equation is not as accurate as the first equation as it will overestimate the caloric needs of patients weighing either < 2 kg or > 25 kg.

\[ \text{RER in kcal/day} = 70 \times (\text{ideal BW [kg]}^{0.75}) \]

\[ \text{RER in kcal/day} = 30 \times (\text{ideal BW [kg]}) + 70 \]

**Select a Diet**

Select a diet based on the caloric restriction desired, the degree of obesity, and the preferences of the patient and client. Inquire about preferences regarding flavor and dry versus canned foods. Evaluate and prepare a list of diet options that vary within those parameters if the first or second choice does not meet with acceptance from the client or pet. Determine availability and affordability concerns that might influence diet selection.

Before starting a plan, make sure that everyone involved in the pet’s care is interested and receptive, ensuring that the plan is practical and feasible for the client’s abilities and lifestyle. Then calculate the daily food dose and translate that dose into quantities of cans and/or cups/day. If possible, weigh dry food on a scale because measuring with a cup may be imprecise, particularly with the small amounts needed for cats and small dogs (calculate the food dose using the kcal/kg obtained from either the pet food label or the manufacturer).\(^2\) Incorporate a treat allowance of up to 10% of total calories into the daily caloric goal. Explore, address, and realign client expectations if necessary.

Essential nutrients in pet foods are balanced according to caloric content, so when portion size (and thus calories) is reduced, so are the amounts of essential nutrients. A review of the process for a comprehensive analysis of nutritional adequacy of a diet is beyond the scope of these guidelines; however, evaluating a diet for sufficient protein is an important step for weight loss plans.

Consider dietary protein on an energy basis (in g/1,000 kcal) to evaluate the impact of the proposed reduction of caloric intake on National Research Council recommended allowances (Table 2). For a quick rule of thumb to ensure that the diet contains adequate protein, select foods that provide cats with \( \geq 5 \text{ g/kg BW} \) and dogs with \( \geq 2.5 \text{ g/kg BW} \) based on ideal BW (see Evaluating Protein Sufficiency sidebar).\(^3,4,5\)

A therapeutic food is defined as a pet food that was purposely formulated to help modulate either a disease or condition. Therapeutic foods are only available either through a veterinary office or with a prescription from a veterinarian. Using a therapeutic weight-loss diet is preferred over using reduced amounts of over-the-counter (OTC) diets because therapeutic diets are more likely to provide adequate nutrient intake when fed in calorically restricted amounts.

Therapeutic weight loss diets are formulated to contain more

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**TABLE 2**

**Minimum Protein Requirements in Diets\(^7\)**

<table>
<thead>
<tr>
<th>NRC recommended allowances for protein/kg of ideal BW per day</th>
<th>Minimum protein needed in diet to meet NRC recommended allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>When fed at 80% of RER for ideal BW</td>
</tr>
<tr>
<td>Cat 4.96 g protein/BW (kg)(^{6,7} )</td>
<td>89 g/1,000 kcal</td>
</tr>
<tr>
<td>Dog 3.28 g protein/BW (kg)(^{7,5} )</td>
<td>60 g/1,000 kcal</td>
</tr>
</tbody>
</table>

BW, body weight; NRC, National Research Council; RER, resting energy requirement.
protein, vitamins, and minerals/calorie than OTC foods, ensuring adequate nutrient intake during caloric restriction. High protein may preserve muscle mass during weight loss and may improve satiety.\textsuperscript{46,47} As the effects of aging on protein digestibility are not well understood, senior pets may require closer monitoring of protein intake (and MCS) during weight loss.\textsuperscript{48} Therapeutic foods also may be lower in fat, higher in fiber, and/or higher in moisture to decrease caloric density. That allows clients to feed a greater volume of food with fewer calories.

The role of fiber in satiety for dogs and cats is controversial and likely varies among pets.\textsuperscript{46,49–51} The crude fiber analysis, which is required on a pet food label, accounts for only the insoluble fiber fraction and none of the soluble fiber content and is an underestimate of the true fiber content of most pet foods. Diets containing insoluble fiber purportedly have a lower caloric content by volume and may promote satiety, leading to better diet plan adherence.\textsuperscript{46} Insoluble fiber may cause an increase in the volume and frequency of bowel movements.\textsuperscript{52} Discuss that potential effect of fiber with clients when selecting a diet.

Restricting the amount of OTC maintenance food that is fed, especially diets with high caloric density, generally fails to provide satiety for most pets, contributing to poor adherence and client frustration. Restricting amounts of an OTC maintenance diet fed could also lead to deficiency of one or more essential nutrients.\textsuperscript{53}

The current median kcal/cup of therapeutic and OTC dry foods marketed for weight management are 301 kcal/cup (dogs) and 342 kcal/cup (cats).\textsuperscript{54} However, there is wide variation and there are no nutritional or caloric criteria mandated for the terms such as “less active,” “indoor,” “weight control,” “optimal weight,” or “healthy weight.” Products labeled “less” or “reduced” calories or fat have no restriction on caloric or fat content other than being some amount lower than the company’s chosen comparison product. Foods with labels stating “lite” or “light” must contain less than a certain amount of calories/kg set by the Association of American Feed Control Officials (AAFCO), although there is no restriction on calories/cup or can.\textsuperscript{22} For specific definitions and amounts that qualify as “light,” see the AAFCO 2013 Official Publication.\textsuperscript{22} Due to the wide variability of products with such labeling, achievement of weight loss requires careful evaluation of those products on a case-by-case basis.

When advising clients about amounts to feed, it is best to do so based on a caloric target, not just a variation on the label range. Pet foods that show similar caloric content/cup or content/can may show entirely different recommendations about the amount to feed. Compare the caloric density, not the label feeding amounts, to determine caloric intake.

In some instances it may be appropriate to adjust volume alone and not change to a therapeutic diet if the pet can lose weight with modest caloric restriction and without feeding below the label guidelines to provide calories for ideal weight. That process will ensure the pet receives adequate nutrients. For example, that approach may apply to either cats being transitioned to meals from free feeding or to pets just slightly overweight and easily able to increase activity.

There is little to no evidence showing that any nutritional supplement aids in weight loss.\textsuperscript{55} There is one FDA-approved pharmaceutical\textsuperscript{a} that is currently available for the management of obesity in dogs. That medication was evaluated in a safety and efficacy study up to 1 yr’s duration when used with a maintenance diet.\textsuperscript{56} As with any medication, it may not be appropriate for every patient.

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**Evaluating Protein Sufficiency Using RERs and BW\textsuperscript{67,68}**

Because labels do not show protein content in g per 1,000 kcal, the g of protein being fed can be calculated using the “guaranteed analysis” and the following information:

Assume an overweight dog with 10 kg ideal body weight. Assume your food label shows 21% crude protein and contains 3,490 kcal/kg.

1. Calculate dog’s caloric needs at 80% resting energy requirements (see text), use the following equation:
   \[80\% (70 \times 10 kg^{0.75}) = 315 \text{ kcal/day}\]

2. Calculate g of protein in the food using the following equation:
   \[\left(\frac{\% \text{ crude protein}}{\text{kcal/kg}}\right) \times 10,000 = \text{g/1,000 kcal of food}\]
   \[\frac{21}{3,490 \text{ kcal/kg}} \times 10,000 = 60 \text{ g/1,000 kcal}\]

3. Determine dog’s daily protein requirement using the following equation:
   \[\approx 5 \text{ g/kg for cats and } \approx 2.5 \text{ g/kg for dogs}\]
   \[2.5 \text{ g/kg} \times 10 \text{ kg BW} = 25 \text{ g protein/day}\]

4. Determine whether the food provides sufficient protein to meet canine pet’s needs using the following equation:
   \[315 \text{ kcal/day} \times 60 \text{ g/1,000 kcal} = 18.9 \text{ g/day}\]
   \[18 \text{ g} \leq 25 \text{ g}\]

This food does not provide sufficient protein.
**Exercise/Activity**

Research in humans has shown that combining caloric reduction with exercise offers the best chance of successful and sustainable weight loss. Physical activity provides several potential benefits including preservation of lean muscle mass, increased caloric expenditure, and promotion of behaviors that aid in sustainable weight loss. Although evidence that exercise will enhance weight loss outcomes in pets is preliminary, data from humans suggests that increased activity could have a positive impact on weight loss in pets.

Physical activity differs between dogs and cats. Assess and discuss with the client any pet and/or client physical limitations, client schedule, expectations and goals, possibilities, and limitations (e.g., pet sitter/daycare availability, activity options, adverse weather conditions).

Assess any comorbidities that may affect tolerance and timing of implementation of a physical activity program. Once a patient is deemed healthy enough to undergo an exercise program, design a plan based on endurance, intensity, and type of exercise. For pets with limited mobility, consider either low-impact exercise alternatives (such as swimming) or consultation with a rehabilitation therapist.

Factors to consider when formulating a plan include who will be involved (e.g., client, veterinarian, rehabilitation therapist, referral) and documenting activity (i.e., time, intensity, caloric expenditure, etc.). Use that information along with weight change to adjust the feeding and/or exercise plan as needed.

Evidence is lacking to describe an ideal exercise program for dogs. With the exception of walking, caloric expenditures for various forms of exercise in pets is largely undocumented. One approach for an obese dog with no orthopedic restrictions is to start with a 5 min walk three times/day, if possible. Increase gradually until either the client’s or pet’s limit is reached or once a total of 30–45 min of walking/day has been achieved.

In general, most dogs expend about 1.1 kcal/kg/km at a brisk walking pace of 10–10.5 min/km. A 45 kg dog will burn about 240 calories after 4.82 km at that pace. Walking at a slower pace also has health benefits, although the benefits are difficult to quantify because of lack of current research. Use the above-described estimates to calculate suggested exercise by either duration or distance and incorporate that into the weight-loss plan. Without similar guidelines for other types of exercise, documentation of activity combined with more frequent weight monitoring may aid evaluation of other exercise protocols.

Introducing physical activity in cats can be challenging. Recommendations focus on environmental enrichment to encourage activity and modify behavior as summarized in Table 3. Hunting and stalking simulations may help motivate physical activity in cats. Sources of further enrichment ideas and activities are available and have been summarized in Table 4.

**Monitoring and Maintenance**

Effective follow-up and regular monitoring by the entire veterinary team are critical components of a successful weight loss program. Consider some of the following points:

- Train the veterinary team to provide consistent information about diet and feeding for each life stage.
- Implement multimodal client reminder systems (e.g., postcards, phone calls, emails).
- Designate specific team members for client support and follow-up encouragement.
- Provide or recommend that clients participate in group programs (e.g., dog walking groups, agility clubs).

Once a program has been initiated, contact the client after the first week as many get discouraged with concerns such as food refusal and begging behaviors that are best addressed early on. Provide clinical support from team members via frequent phone calls between weight checks. Identify and address obstacles and client concerns, satisfaction, or frustrations with the program.

Follow up with the client either by telephone or an office visit every 2 wk until the desired rate of weight loss is established. Monitor the patient monthly until the ideal weight has been reached and has stabilized on a long-term maintenance program.

**Suggested Follow-Up Procedure**

Consider some of the following suggestions when following up with the patient and clients:

- Ask open-ended questions to solicit client observations and concerns. Provide positive reinforcement.
- Record BW, MCS, and BCS. It may be useful to show the client measurements of either girth or abdominal circumference to emphasize losses.
- Take a picture of the patient. Create a chart to monitor and show progress.
TABLE 3
Issues Impeding/Preventing Weight Loss and Possible Solutions

<table>
<thead>
<tr>
<th>Issues</th>
<th>Possible solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pet factors</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Looks hungry/begging | • Explain nutrient and calorie needs are met and that the begging is behavior, not nutritional or hunger-related.  
• Offer social or activity substitute (e.g., play, groom, walk, offer affection).  
• Divide food into more frequent, smaller meals.  
• Use food as salary the pet must earn.  
• Provide environmental enrichment.  
• Use food balls and food puzzles.  
• Place food to encourage exercise (e.g., cat tree/fetch).  
• Choose low-calorie treats (e.g., low-starch vegetables).  
• Remove pet from human feeding areas.  
| Misbehavior (trash raiding) | • Increase physical activity and environmental enrichment.  
• Partner with client in solution building; set realistic expectations.  
| Nocturnal vocalization | • Explain feline nocturnal feeding behavior.  
• Change feeding management (night, later feeding, set automatic feeders for night).  
• Provide food toys/hidden food search.  
| Insufficient exercise | • Encourage social groups for clients to relate to each other and promote exercise (e.g., dog walking groups, online communities).  
• Explore possibilities for day care, pet sitter services, hiring neighbors or teens.  
• Suggest creative ways to exercise when hot/cold weather interferes.  
| Multipet household with food sharing/stealing | • Explore separate meal feeding options.  
• Change food for all pets if possible.  
• Offer food puzzles to slow down and separate feedings.  
• Separate pets based on their physical abilities or size differences (e.g., food box with small hole for small cat; cat food high up, not accessible to dogs).  
• Use products that restrict crate access based on a magnetic collar.  
| Pet doesn’t accept new diet | • Provide food alternatives with different textures and moisture content.  
• Use treat allowance of up to 10% of the overall calories of the diet as a palatability enhancer.  
• Gradually introduce a new food over ≥1 wk.  
• For cats, offer the new food side-by-side with the current diet, with gradual removal of the usual food.  
• Avoid offering alternatives if the pet skips a meal; however, do not allow cats to go longer than 24 hr without consuming any meals.  
| Weight loss plateau | • Inform clients that metabolic adaptations may result in slowing of weight loss and adjustment of the feeding plan will allow for weight loss to resume.  
• Educate clients about necessary adjustments when energy expenditure changes to avoid repeated cycles of weight gain and weight loss.  
• Reassess exercise expenditure and recommend necessary changes.  
• Reassess/adjust caloric intake.  
| Client factors | • Consider water therapy/physical activity program, especially with pre-existing medical problems affecting exercise tolerance.  
| Client frustration and fatigue | • Extend recheck appointment length to allow greater support.  
• Identify and address specific frustrations.  
• Offer more frequent or intense coaching.  
• Be empathetic and nonjudgmental.  
• Acknowledge the difficulty of weight loss.  
• Encourage use of support groups.  
| Client resists new diet choice | • Discuss preferences of food type and find compromises that meet client needs.  
• Educate and inform client about food myths.  
| Client guilt | • Explain food-seeking behavior is often attention-seeking behavior.  
• Continue education about health benefits of weight management.  
• Explain that dogs develop stronger bonds with people who walk them than with those who provide food.  
| Nonadherent/noncompliant household members | • Offer methods to premeasure all food and treats for the day.  
• Identify specific impediments to adherence and offer specific solutions.  
• Consider multimodal methods (handouts, websites, emails, face-to-face meetings) for emphasizing the specific impact of excess BW on patient.  
• Engage entire family if nonadherence is suspected.  

BW, body weight.
• Calculate the rate of weight loss using the calculation:

\[
\text{\%weight loss/wk} = \frac{(\text{amount of loss since last visit} \times 100)}{\text{weight at last visit}} \times \frac{\text{number of wk since last weight measurement}}{	ext{number of wk since last weight measurement}}
\]

• The desired rate of weight loss in dogs is 1–2\%/wk, and in cats is 0.5–2\%/wk.

• Modify the rate of weight loss in growing pets < 1 yr of age (see previous comments about feeding for growth). Depending on patient age, the focus may be to slow weight gain rather than to cause weight loss.

• Anticipate a possible slower rate of weight loss in patients with a comorbid condition (such as hyperadrenocorticism or hypothyroidism) either until or unless the primary disease is addressed.

• If MCS decreases, confirm adequate protein intake and evaluate the patient for either too-rapid weight loss or a comorbid condition that intensifies catabolism (e.g., diabetes, renal disease, hyperthyroidism), and adjust intake to reduce the rate of weight loss.

• If the desired weight loss is achieved, congratulate the client and identify the next target weight.

• If weight loss is greater than the above-described desired rates, increase calories by 10% and monitor response.

**Reassess if Weight Loss Is Insufficient**

If the desired weight loss is less than the above-described desired rates, consider the following:

• Evaluate either adherence or other influences that may have tempered results and suggest alternatives.

• If adherence is verified and there is no evidence of risk,

**TABLE 4**

**Websites for Additional Information**

<table>
<thead>
<tr>
<th>Website</th>
<th>URL</th>
<th>Information on website</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Animal Hospital Association</td>
<td>aahanet.org</td>
<td>Nutritional assessment guidelines; canine and feline life stage guidelines; nutritional assessment tools.</td>
</tr>
<tr>
<td>American Association of Feline Practitioners</td>
<td>catvets.com</td>
<td>Feline life stage guidelines; feline behavior guidelines; feline environmental needs guidelines; environmental enrichment tips.</td>
</tr>
<tr>
<td>American Veterinary Medical Association</td>
<td>ebusiness.avma.org/EBusiness50/ProductCatalog/ProductCategory.aspx?ID=132</td>
<td>Client brochures, including “Your Pet’s Healthy Weight.”</td>
</tr>
<tr>
<td>Association for Pet Obesity Prevention</td>
<td>PetObesityPrevention.org</td>
<td>Weight loss tools, pet food information.</td>
</tr>
<tr>
<td>Association of American Feed Control Officials (AAFCO)</td>
<td>petfood.aafco.org/LabelingLabelingRequirements.aspx</td>
<td>General information about pet food label regulations; pet food regulations label review checklist, including specific term definitions for weight management and calorie claims (see part IX, pages 169–200).</td>
</tr>
<tr>
<td>Catalyst Council</td>
<td>catalystcouncil.org/resources/health_welfare/</td>
<td>List of links and resources, including environmental enrichment and exercise ideas for vets and cat owners.</td>
</tr>
<tr>
<td>Indoor Pet Initiative</td>
<td>Indoorpet.osu.edu</td>
<td>Indoor pet initiative to increase environmental enrichment.</td>
</tr>
<tr>
<td>Partnership for Healthy Pets</td>
<td>partnersforhealthypets.org/practice_resources_overview.aspx</td>
<td>Practice resources and tools.</td>
</tr>
<tr>
<td>Pet Nutrition Alliance</td>
<td>petnutritionalliance.org/About_Us.aspx</td>
<td>Comprehensive nonbranded site providing tools and nutrition resources for health care professionals and clients.</td>
</tr>
<tr>
<td>World Small Animal Veterinary Association</td>
<td>wsava.org/nutrition-toolkit</td>
<td>Nutrition toolkit; simple and extended diet history form template; pet food selection handout, including how to select a pet food.</td>
</tr>
</tbody>
</table>
reduce calories by 10–20% and/or change activity recommendations and identify the next benchmark.

- In the authors’ experience, to achieve weight loss, most patients can tolerate caloric restriction as low as 60% of RER of ideal BW without adverse clinical signs. Warn clients that that approach will likely differ from feeding instructions on the label.
- More aggressive caloric restriction (< 60% RER) increases the risk of nutritional deficiencies and undesirable pet behavior that will test the client’s commitment and adherence. Both commercial and therapeutic diets may lack adequate levels of essential nutrients at that level of caloric restriction. Cats may also have increased risk of hepatic lipidosis.
- Consult with or refer to a board-certified veterinary nutritionist for clients with pets requiring < 60% RER to achieve weight loss.
- Schedule the next weight check or telephone follow-up.

**Maintain Weight Loss Once Goals Are Achieved**

Once the pet has reached its ideal BW, careful monitoring is essential to avoid weight regain. Some pets may have a propensity to quickly regain excess BW after a period of weight loss if healthy lifestyle habits are not continued.

Selection of a diet for BW maintenance is based on the pet’s metabolic needs and client preferences, but during maintenance many pets still require relatively low caloric intake. When faced with caloric restriction, some pets’ metabolism may reset at a lower rate and, thus, they may require greater caloric restriction than expected after the ideal BW has been achieved. Some pets may plateau at an ideal BW and require no change in intake from that used during the weight loss program for weight maintenance going forward.

If the patient is still losing weight once the ideal BW is achieved, increase caloric intake by 10% to change from weight loss to weight maintenance. Monitor 2 wk until stable BW is achieved then monitor monthly to make sure ideal BW is being maintained, making adjustments if necessary. It may take several monthly recheck exams to determine appropriate maintenance energy requirements.

**Client Communication and Pet Behavior Modification**

The process of managing and encouraging weight-loss programs can be challenging. Weight loss is seldom continually linear, which can frustrate pet owners and veterinary staff. Factors that affect programs are both pet- and client-related. Some common areas that challenge successful weight loss, and possible solutions, are shown in Table 3. Internet resources for tools and further information are listed in Table 4.

---

**Conclusion**

This article highlights the importance of weight management and is meant to aid in the implementation of successful weight management programs. The authors’ intent is also to stimulate discussion about, and encourage further investigation into, weight management for pets. The prevalence of overweight dogs and cats is excessively high, and the authors would like these guidelines to serve as a call to action for small animal practitioners everywhere to give these patients the attention they merit.

There is a need for further research to develop more effective strategies for achieving successful weight loss in dogs and cats. Design of effective exercise programs is hampered due to lack of information on calories expended during many forms of exercise. It is the authors’ hope that future research will aid the practitioner in the development of strategic exercise plans for dogs and cats.

Additionally, the authors feel strongly that the pet food industry must provide standardized and consumer-friendly nutrient profile information and clearer feeding guides on pet food labels to enable veterinary teams and consumers to make more informed diet and feeding management choices for pets. The new AAFCO requirement to show caloric content on pet food labels is not scheduled to be fully implemented until 2015.

The recent designation of obesity as a disease by the American Medical Association is compelling as it offers recognition of the serious and complex nature of the condition, but it may have unintended consequences. Although beyond the scope and mission of these guidelines, further discussion of that matter in veterinary medicine is warranted.

A successful weight management program will greatly improve the health of pets, reduce the potential for future health concerns, increase the level of activity of pets, and ultimately will improve the client/patient bond.

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*©istock.com/amriphoto

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Once the pet has reached its ideal BW, careful monitoring is essential to avoid weight regain.

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*©istock.com/amriphoto

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*Oxilap; Zoetis, Florham Park, NJ

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©istock.com/amriphoto

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**Tip Sheet**

**Calculating a Pet’s Caloric Intake for Weight Management**

Calculate the Resting Energy Requirement (RER) using the pet’s estimated ideal weight, then feed a percentage of that amount. Although there is no established standard reduction, feeding 80% of ideal-weight RER is effective and well tolerated.

Calculate the daily RER for ideal body weight in kilograms (BWkg) using one of the following equations:

- **a.** RER in kcal/day = 70 × (Ideal BWkg)\(^{0.75}\). This equation can be used for patients of any weight.
- **b.** RER in kcal/day = 30 × (Ideal BWkg) + 70. This formula is less accurate as the previous one. It will overestimate large and underestimate small patients’ caloric needs. Use it only for patients weighing 2–25 kg (6–60 lb).

### RER (in kcal) for Various Body Weights (in kg)*

<table>
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<tr>
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<td>333</td>
<td>9</td>
<td>364</td>
<td>10</td>
<td>394</td>
</tr>
</tbody>
</table>

* RER in kcal/day = 70 × (ideal body weight in kg)\(^{0.75}\)

RER, Resting Energy Requirement

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**References**


63. Ellis SL, Rodan I, Carney HC, et al. *AAFP and ISFM feline environmental needs guidelines.*


Model Protocol

This form is available at the AAHA Download Center.

aahanet.org/library/Weight_Management_Download_Center.aspx

2014 AAHA Weight Management Guidelines for Dogs and Cats

Hospital name: ________________________________________________________________________________________

Date created/updated: _______________ Implementation date: _______________ Next review/update: _______________

PLANNING

AAHA guidelines referenced:
2014 AAHA Weight Management Guidelines for Dogs and Cats
2010 AAHA Nutritional Assessment Guidelines for Dogs and Cats

Purpose: What is the purpose of this weight management protocol and how does it further your practice mission vision?

____________________________________________________________________________________________________

Supervisor/point person: Who is responsible for managing implementation of this protocol?

____________________________________________________________________________________________________

Team member(s): Who is responsible for carrying out this protocol?

(For help filling out this section, see Staff Roles and Responsibilities on page 20.)

Training: Based on each team member's roles and responsibilities...

Who will be trained and on what topics (e.g., communication, client coaching, weight management)?

____________________________________________________________________________________________________

How often will training be delivered? When will it be delivered?

____________________________________________________________________________________________________

Who will perform the training? Where will it be delivered?

____________________________________________________________________________________________________

IMPLEMENTATION

Workflow: Based on the AAHA guidelines referred to above, what weight management services will you provide?

____________________________________________________________________________________________________

What processes and tasks will you use to implement this protocol?

____________________________________________________________________________________________________

The following resources can help answer these questions:
Algorithm, page 17; Staff Roles and Responsibilities, page 20; Model Task Checklists on pages 18-19
You can download the algorithm and checklists from the AAHA Download Center. aahanet.org/library/Weight_Management_Download_Center.aspx

Medical record: How will each pet's weight management plan be recorded?

Who will be responsible for recording it?

How will each pet's weight be monitored and recorded?

Who will be responsible for recording it?

How often will notations be made?

____________________________________________________________________________________________________

Client communication: Who is responsible for communicating with the client during and between weigh-ins?

____________________________________________________________________________________________________

Inventory and supplies: What items need to be kept in stock, in what quantities?

Consider some of the following:
Diets
Supplies and equipment
Scales for small and larger pets
What is the maintenance and monitoring schedule for your scales?
Will items promoting physical activity or food dispensing toys be sold over the counter?

CLIENT EDUCATION MATERIALS

What materials do you need, for what conditions or situations?

(AAHA provides client handouts and brochures. See the Resources on page 21.)

Who is responsible for ensuring clients receive appropriate materials and instructions?

____________________________________________________________________________________________________

Team motivation: How will we stay excited about weight management?

____________________________________________________________________________________________________

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Take a full dietary history and perform a physical exam. That exam should include a nutritional assessment with body condition score (BCS) and/or muscle condition score (MCS). Explain what you are doing as you do it. Record the nutritional assessment and BCS/MCS in the medical record.

Has the client been informed about weight management?

- No
  - Introduce the concepts of ideal weight and weight management.
  - Discuss weight management and assess client’s readiness to change. Is the client ready to proceed now?
    - No
      - Discuss and determine obstacles.
    - Yes
      - Has current weight loss goal been met?
        - No
          - Ask questions to tailor the weight management plan to the client’s and pet’s unique situation. Address problems and pose possible solutions.
        - Yes
          - Create or revise a plan, including feeding amounts, diet type, treats and exercise. Record the nutritional assessment and dietary recommendation in the medical record at every visit.
    - Yes
      - Congratulations and encourage to keep up the good work!

- Yes
  - Describe the pet’s current weight and BCS. Is the pet at its ideal weight?
    - No
      - Has the client been informed about weight management?
    - Yes
      - Create or revise a plan, including feeding amounts, diet type, treats and exercise. Record the nutritional assessment and dietary recommendation in the medical record at every visit.


Re-evaluate and reweigh periodically. Create next goal at each weigh-in.
Use Checklists to Ensure Consistency

Checklists help you deliver the same high-quality care to every patient. When clients are asking questions or you are focusing on handling their pet, it’s easy to skip routine steps you’d normally remember. Use this tool to create checklists based on your practice’s protocol.

**Designing a weight loss plan**

- Estimate the pet’s ideal weight using methods described in the 2014 AAHA Weight Management Guidelines for Dogs and Cats.
- Ask the client about their pet’s current diet, including all food, chew toys, treats (including table scraps) and access to other pets’ food.
- Assess and document the current caloric intake.
- Evaluate the role of food in the relationship between client and pet.
- Determine the daily caloric goal using methods described in the 2014 AAHA Weight Management Guidelines for Dogs and Cats.
- Select a diet based on the caloric restriction desired, the degree of obesity and the preferences of the client and pet.
- Determine the daily treat allowance, if applicable. For example, incorporate a treat allowance up to 10% of total calories into the daily caloric goal. It can be challenging to learn the caloric content of various treats, and the calorie count changes frequently. Call the manufacturer to get that information.
- Evaluate the nutrient profile, particularly protein, in the diet as described in the 2014 AAHA Weight Management Guidelines for Dogs and Cats.
- Modify diet type and/or amount as necessary.
- Discuss with the client the amount of food and treats to give each day.
- Discuss and decide on an exercise plan.
- Enlist the support of all family members to enforce the pet’s weight loss plan.

**Addressing bumps in the road**

- Ask open-ended questions to determine client’s perception of problems.
- Show empathy and concern. Acknowledge that weight management can be difficult and you are there to help.
- Propose strategies to address client concerns. To develop strategies, use the outline of possible problems and solutions in the 2014 AAHA Weight Management Guidelines for Dogs and Cats, and the “What Should I Do If..?” client handout in this toolkit (page 21 and in the AAHA Download Center. aahanet.org/library/Weight_Management_Download_Center.aspx).
- Evaluate the current diet and treats, and determine whether modification is necessary.
**Suggested follow-up procedure**

- Ask open-ended questions to encourage clients to share their observations and concerns. Provide positive reinforcement.

- At each visit, record weight, muscle condition score (MCS) and body condition score (BCS). Instructions for scoring are included in the *2010 AAHA Nutritional Assessment Guidelines for Dogs and Cats* and in the AAHA Download Center. [aahanet.org/library/Weight_Management_Download_Center.aspx](aahanet.org/library/Weight_Management_Download_Center.aspx)

- Consider showing the client measurements of girth or abdominal circumference to emphasize losses.

- Take a picture. Create a chart to monitor and show progress.

- Calculate the rate of weight loss using the following formula:
  \[
  \text{The percent rate of weight loss per week} = \frac{\text{loss since last visit} \times \text{weight at last visit} \times 100}{\text{number of weeks since last weight measurement}}
  \]
  The desired rate of weight loss is 1–2%/wk for dogs and 0.5–2%/wk for cats. For growing pets < 1 year of age, adjust the plan. See previous comments about feeding for growth (page 6). Depending on the pet’s age, the focus may be to slow weight gain instead of causing weight loss.

- Anticipate a possible slower rate of weight loss in patients with a comorbid condition, such as hyperadrenocorticism or hypothyroidism, until or unless their primary disease is addressed.

- If MCS decreases, confirm adequate protein intake and evaluate for either too-rapid weight loss or a comorbid condition that intensifies catabolism (e.g., diabetes, renal disease, hyperthyroidism). Adjust intake to reduce the rate of weight loss. If the desired weight loss is achieved, congratulate the client and identify the next target weight.

- If weight loss is greater than the desired rate, increase calories by 10% and monitor weight response.

- Modify diet type and/or amount as necessary.

- Discuss with the client the amount of food and treats to give each day.

- Discuss and decide on an exercise plan.

- Enlist the support of all family members to enforce the pet’s weight loss plan.

**If weight loss is less than the desired rate**

- Evaluate compliance or other influences that may have tempered results and suggest alternatives.

- If compliance is verified and there is no evidence of risk, reduce calories by 10–20% [to a minimum of 60% of Resting Energy Requirement (RER) for ideal weight] and/or change activity recommendations and identify the next benchmark.

- Consult with or refer to a board-certified veterinary nutritionist for clients with pets requiring < 60% RER to achieve weight loss.

- Schedule the next weigh-in or telephone follow-up.
Staff Roles and Responsibilities

Doctors
Discuss the guidelines and toolkit at a doctor’s meeting. Write your practice’s protocol. Decide responsibilities for completing specific tasks and assign to doctors and technicians. With technicians, choose the dietary history/nutritional assessment form to be used (see the sample in the AAHA Download Center. aahanet.org/library/Weight_Management_Download_Center.aspx).

Practice manager
Meet with doctors and technicians to discuss how the guidelines and the toolkit will be used. Save the completed protocol, and schedule periodic reviews/updates of it. Maintain an adequate supply of materials required to implement the guidelines in appropriate places, such as exam rooms and the reception desk. Plan team meetings for training and motivation. Track scheduling and follow up on reminders and appointments.

Technicians
With doctors, determine what tasks and procedures will be performed by technicians and what tasks and procedures will be performed by doctors. With the client, review the pet’s diet and medical history. With the client, review the weight management program and the services that will be provided. Show the client relevant educational materials. Perform between-exam weigh-ins as designated by the doctors. Follow up with the client via appropriate channels (e.g., email, phone) to check the pet’s status.

Client service representatives
Answer client questions, or let clients know who will be able to do so. Give clients relevant printed information at checkout. Review procedures that were performed, explaining the value of regular weight monitoring. At checkout, schedule follow-up appointments and the next weigh-in appointment. Emphasize that maintaining the pet’s ideal weight promotes the pet’s quality of life and longevity. Send reminders at appropriate times using the client’s preferred method (e.g., text, email, telephone, mail).

All practice team members
In a team meeting, discuss the 2014 AAHA Weight Management Guidelines for Dogs and Cats. Discuss how you will implement the guidelines and use the tools in this toolkit and the AAHA Download Center (available at: aahanet.org/library/Weight_Management_Download_Center.aspx). Clarify each team member’s role. Discuss ways to educate and motivate clients to participate as your partner in their pet’s care and to accept your recommendations, and follow the guidelines with your own pets.
These home care instructions are available at the AAHA Download Center.
aahanet.org/library/Weight_Management_Download_Center.aspx

What Should I Do If…?

…my pet looks hungry or is begging?
● Remember that your pet is receiving enough calories and nutrients to be healthy.
● Offer love in ways other than food or treats. For example, get out your cat’s favorite toy or take your dog for a walk.
● Try either food balls or puzzles that make your pet work for the food.
● Consider breaking up your pet’s total daily food allowance into small, frequent meals.
● Keep your pet out of the room when you are eating. With everyone in the family eating at different times and places, this can be hard. Just do your best.

…my pet raids the garbage can?
● Indoors, either invest in sturdier garbage receptacles or put the garbage can in a cupboard.
● Outdoors, put the garbage in an area not accessible to your pet.

…my cat meows at night?
● Because cats naturally eat at night, either try to set feeding time later in the day or use an automatic feeder with the time set during the night.
● Try either food balls or puzzles that make your cat work for the food.

…I can’t seem to create a regular exercise schedule?
● Look for a dog-walking group, or ask your dog-owning neighbors if they want to join you.
● Take your dog to doggie day care.
● Hire a neighborhood teen to exercise your dog.
● Use “fishing pole” toys or toys that move to play with your cat while you are watching TV.

…I have more than one pet and they eat each other’s food?
● Separate pets at feeding time.
● If you have more than one cat, measure out the total food for all cats, and divide it among dishes in several areas.
● If your dog eats the cat’s food, create barriers between them. For example, if you have a small cat and larger dog, put the cat’s food dish in a large box with a small hole in it. That way, only the cat can get at the food. Alternatively, put cat food up on a raised area the dog cannot reach.

…my pet won’t eat the new diet?
● Gradually introduce the new food by mixing it in with the old food.
● For cats, offer the new food in a dish beside the current diet; then gradually remove the current food.
● Talk to your veterinary team about different food choices.

Looking Good! Staying Fit!

Let us show you how to evaluate and monitor your pet’s Body Condition Score (BCS).

Always measure your pet’s food each day, including the number of treats you provide. We will help you figure out your pet’s daily meal plan based on the food you already use. Whenever you change foods, call us and we will tailor the plan to your pet’s needs. It is important to realize that pet food packages give recommended amounts for the “average” pet. Your pet is unique—let’s make sure each meal plan is, too!

One treat here, one handoff there… it’s easy to bump up your pet’s calorie intake, especially when everyone in the family has a hand in it. As a family, decide how to control the flow of treats and people food.

Make sure your pet exercises regularly. Make a schedule and stick to it. If you need creative ideas for exercise and how to adapt to unusual weather, ask us! We have lots of ideas and are happy to help.

Date: __________/________/________ Age: ________________ Weight: ________________ BCS: ________________

Fit and Healthy for Life!

Congratulations on taking the big first step for ________________’s health through healthy, effective weight loss!

Get a head start on success by including your whole family in the weight management plan. We can help you decide the following:

Feeding
Who feeds your pet, when and how much?

Treats
Who gives treats, when and how much?

Exercise
Who exercises your pet, when and how long?

Talk to us about your challenges. Chances are, others have overcome similar hurdles, and we can help! Come to us for solutions, tips, and inspiration. And, if anything isn’t working well, we can change the weight management plan so that it fits your family’s lifestyle and schedule.

Current weight: ________________ Target weight for next visit: ________________ Goal ideal weight: ________________

Diet type/name: ________________ Amount and number of feedings/day: ________________ Treat allowance: ________________

Next appointment/weigh-in: ________________

Congratulations! ________________ is at a healthy weight. Let’s keep it that way!

Use this for clients with healthy puppies/kittens or clients whose pets are at a healthy/ideal weight.
Talking Points for Partnering with Clients

Discussing weight

1. Open the conversation.
   - Can we talk about Bella’s weight?
   - What are your thoughts about Bella’s weight?

2. Build awareness of health issues without overloading the listener with details about disease.
   - May I show you a diagram that illustrates the ideal weight for Bella?
   - Your pet falls into this BCS (show them on the chart).
   - There are several health issues that can arise in pets because of excess weight. For example, arthritis can be aggravated or diabetes can develop.

3. Assess client’s readiness to change.
   - Would you be willing to discuss a weight management program for Bella?
   - What are your thoughts about making changes to improve Bella’s weight?
   - We can help you devise a weight management plan that is practical for you and your family when you are interested and ready.

4. Provide support and encouragement
   - We know you love Bella very much.
   - Weight loss programs can present some challenges, and we are here to help you through those.

Assessing readiness to change

Is your client ready to take on a weight loss program for his or her pet? Enhance the chances for success with these tips:

- Establish trust by using active listening skills and showing concern for the client and his or her pet.
- Use a collaborative approach to determine the client’s state of awareness about his or her pet’s weight and its health consequences.
- Ask questions to determine whether the client needs time to consider the information or is ready to take action to begin a weight loss program.
- Give clients time to think, but be aware that “thinking about it” may signal inability or unwillingness to follow your recommendation.
- Ask open-ended questions to elicit clients’ concerns about weight management.
- Schedule a subsequent visit to discuss weight management, encouraging other family members to attend.

Negotiating a mutual plan of action for changing feeding practices*

- Obtain the client’s beliefs and understanding about how their pet should be fed.
- Obtain the client’s viewpoint regarding the need to change feeding practices (e.g., perceived benefits, barriers, motivation to changing practices).
- Take into consideration the client’s beliefs, cultural background, lifestyle and abilities when formulating your plan for dietary modification.
- Elicit the client’s reactions and concerns about the proposed dietary modifications.

Managing the process

- Prepare the client for the process.
- Explain what to expect for weight loss over time.
- Discuss hurdles that may arise and your partnership in tackling those hurdles.
- Provide client resources, such as an exercise or calorie tracking diary.
- Provide empathy and positive reinforcement.
- Explore client’s feelings/beliefs about the program.
- Give permission to fumble/fail with no judgments attached.
- Explain your willingness to change benchmarks if needed, and that weight management programs will be adapted to the client’s and pet’s individual needs (i.e., there is no “one-size-fits-all” approach).


Weight Management Resources

From AAHA Press (press.aahanet.org)

Dogs Lose Lbs! You Win! Slim Your Dog and Shape Up Yourself
A great client handout. Buy this inexpensive, motivating booklet in bulk to encourage clients to focus on their dogs’ eating and exercise habits. The booklet helps clients set small, achievable goals with charts to track their progress. Available at: bit.ly/16MeZOW

Your Pet’s Diet & Exercise Plan
Words fade fast. This brochure is a lasting reminder of key messages about pet obesity, diet, treats and exercise. It includes room to write the pet’s diet/exercise plan. Available at: bit.ly/174OLKT

From the PNA

Helping Pets Live Healthier, Thinner Lives: AAHA Nutritional Assessment Guidelines
This is an article by the Food and Drug Administration’s Center for Veterinary Medicine. It discusses pet nutrition and the AAHA Nutritional Assessment Guidelines for Dogs and Cats. Available at: bit.ly/18s52tL

Pet Owner Resources on Weight Management and Obesity
This collection of links from many sources includes, among other resources, the following information:
- “Weight Translator” tool
- Pet Nutrition in People Terms: Weight Gain
- BCS and MCS tools
- Client information sheets on weight management
This resource is available at: bit.ly/16CCUiO.

Veterinary Resources on Weight Management and Obesity
This collection of links from many sources includes, among many other resources, the following information:
- BCS and MSC tools
- Diet history and nutritional assessment forms
- Individualized feeding plan app/software
- Pet food label checklist for the exam room
- Food and treat list for the exam room
- Using “Healthy Weight Protocol” in the exam room
This resource is available at: bit.ly/18sBqub.
About AAHA—The American Animal Hospital Association is an international organization of nearly 6,000 veterinary care teams comprising more than 48,000 veterinary professionals committed to excellence in companion animal care. Established in 1933, AAHA is recognized for its leadership in the profession, its high standards for pet health care and most important, its accreditation of companion animal practices. For more information about AAHA, visit aahanet.org.

About the Pet Nutrition Alliance—When the American Animal Hospital Association (AAHA) made the decision to develop the AAHA Nutritional Assessment Guidelines for Dogs and Cats, AAHA also made the commitment to support the development of educational resources to increase compliance with all AAHA guidelines’ recommendations. The World Small Animal Veterinary Association (WSAVA) used the AAHA guidelines to develop the WSAVA Global Nutritional Assessment Guidelines. WSAVA has committed to developing tools to support this initiative globally. To promote the importance of nutrition in the health of pets worldwide, the following organizations have been working together on what has now become known as the Pet Nutrition Alliance (PNA):

- American Animal Hospital Association
- American Veterinary Medical Association
- American Academy of Veterinary Nutrition
- American College of Veterinary Nutrition
- American Society of Veterinary Medical Association Executives
- Canadian Veterinary Medical Association
- National Association of Veterinary Technicians in America
- World Small Animal Veterinary Association