Study Title: Achievement of weight loss goals by feeding a consistent weight loss diet and regular nutrition consults.

Purpose: The purpose of this clinical study is to document the weight loss achieved by cats and dogs that are eating only a Hill’s weight loss diet for 6 months.

Clinical Protocol:
Screening visit: Overweight dogs and cats will be deemed healthy/fit for study with initial exam. Enrolled pets will have their photo taken and will be sent home with a prescribed diet. It is important enrolled dogs and cats eat only the prescribed diet in the prescribed amount.

Recheck visits: Enrolled pets will be required to return to the VHC every two weeks after starting the diet, until a weight loss trend has been established. Monthly recheck visits will start after a weight loss trend has been established and continuing for the duration of the study, up to 6 months. Procedures performed at each recheck visit will include physical exam and photograph.

Investigators: Susan Nelson, DVM
Vincent Michels, DVM

Eligibility:
Inclusion Criteria:
- Overweight dogs or cats (BCS of 7/9 or 4/5 or greater) that are otherwise healthy.
- Must be amendable to eating only the study-provided weight loss diet.
- Must be able to return to the VHC for study required recheck visits.

Risks: There are no identified risks for pets receiving this commercial weight loss diet. Dogs and cats may have minor, temporary signs of GI upset (vomiting or diarrhea) during the period of diet change.

Fees for Services: The study will cover the cost of the weight loss diet for the duration of the 6 month study. Participants will receive their diets only when they return for each recheck visit. There is a one-time fee of $200 that must be paid by the client at the initial consultation visit. This fee will include the initial consultation visit as well as any subsequent recheck visits associated with the weight loss program. The cost of any other treatment visits and/or diagnostics that may be needed will be the responsibility of the client.

Confidentiality: The information collected regarding your pet will be confidential and used for research purposes only. This data will be available to you or your referring veterinarian at your request. Results of this study may be published in a scientific journal with you and your pet’s confidentiality protected.
K-STATE PET OBESITY CLINIC WEIGHT LOSS TRIAL

**Voluntary Participation:** Participation in this study is voluntary, and you may withdraw your pet from the study at any time.

**For questions or concerns regarding this study, please contact:**
Dr. Vincent Michels: phone (785) 532-5690, email: phnc@vet.k-state.edu

**Owner Responsibilities:**
I, the owner, agree to the following: *(please check to agree)*

- □ I have disclosed my pet’s known medical history and current medications.
- □ I will return to KSU VHC for all scheduled recheck visits of the study.
- □ I will feed my pet only the prescribed weight loss diet during the 6 month study.
- □ I am responsible for all costs associated with my pet’s visits to the VHC for this 6 month study, except the weight loss diet, which will be provided free of charge as long as I continue to return with my pet for all required recheck visits.
- □ If my pet is found to have a concurrent disease, such as endocrine disease, which may be contributing to my pet’s excess weight, additional testing may be recommended at my expense.
- □ If it would be unhealthy for my pet to lose the required amount of weight over a 6 month time frame, then I will be given the option to re-enroll my pet at the end of the first 6 month weight loss period.
- □ I agree to allow my pet to be photographed for study purposes. These photos may be used for educational papers, presentations, and/or promotional purposes by Hill’s or the KSU VHC.

I understand the above information and agree to participate in this study:

Yes ________  No ________

I acknowledge that I fully realize the risks associated with this procedure and that I voluntarily submitted my dog for participation in this research.

By signature below, I release Kansas State University and their agents, officers and employees for all claims, demands and causes of action which may arise from the participation of my dog in this study.

I have reviewed and understand this release.

Owner signature ___________________________ Date ___________________________

Clinician signature ___________________________ Date ___________________________

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