

Dear Carer,

_____ is currently participating in the WAGSTAWellness weight loss program and has been doing a brilliant job working towards a healthy target weight.

To support this weight loss journey, please feed according to the following guidelines.

Total Daily Food Intake

Food Name: _____

Portion Size (per meal) _____

Number of meals per day _____

Food Name: _____

Portion Size (per meal) _____

Number of meals per day _____

Food Name: _____

Portion Size (per meal) _____

Number of meals per day _____

*Please accurately measure these portions using digital scales or a measuring cup.

Daily Treat Allowance

Treat Name: _____ Portion Size: _____

Treat Name: _____ Portion Size: _____

Treat Name: _____ Portion Size: _____

Medications and/ or Supplements

Exercise Requirements

_____ minutes per day. Activity sessions are comprised of:

Thank you for your efforts in supporting this weight loss journey!

Yours Sincerely,



Dr Charlotte Williamson BVSc MPH&TM
CEO and Senior Veterinarian, WAGSTA