

## HEALTHY WEIGHT CLINIC \_ WEIGHT LOSS TRIAL



Patient Label

3.6

**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. Recheck visits will be required every 2-4 weeks after a weight loss trend has been established, continuing for the duration of the study, up to 6 months. An option for remote recheck appointments may be available at the discretion of the clinician and only performed when deemed medically appropriate. Procedures performed at each recheck visit will include physical exam and photographs. When remote recheck appointments are performed, the client will need to provide appropriate photographs in advance, and have weighed their pet using a consistent measurement device (scale) prior to the appointment. Remote recheck appointments may entail phone calls, email, Zoom or a combination of any of the three.

**Investigators:** Susan Nelson, DVM  
Paulina Macias, DVM

**Eligibility:**

**Inclusion Criteria:**

- Overweight dogs or cats (BCS of 7/9 or 4/5 or greater) that are otherwise healthy.
- Patient must be willing to be safely restrained for physical examinations and morphometric measurements without the use of chemical restraint or injectable sedation.
- Owner must be willing to give oral anxiolytics for fear reduction prior to appointments if deemed necessary by the clinician (medication and dose to be determined by the clinician).

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- Patient must be amenable to eating only the study-provided weight loss diet.
- Owner must be able to return to the VHC for study required recheck visits, or perform required measurements at home for remote 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. If a remote recheck visit is deemed appropriate for the next recheck appointment, enough food will be sent to last until the next recheck visit at the VHC. No food will be distributed if recheck appointments are not kept. There is a one-time enrollment fee of \$115 that must be paid by the client at the initial consultation visit. The enrollment 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.

**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. Paulina Macias: 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 VHC for all scheduled recheck visits, or attend remote recheck appointments, for the study.
- I will feed my pet only the prescribed weight loss diet during the 6 month study.
- I am responsible for the one-time enrollment fee of \$115, which covers all costs associated with my pet's visits to the VHC for this 6 month study, including 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 an endocrine disease, which may be contributing to my pet's excess weight, additional testing may be recommended at my expense.

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- The cost of any other treatment visits and/or diagnostics that may be needed, that are not part of this clinical trial, will be my responsibility.
- 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 VHC.
- If my pet has become unwilling to be restrained, examined, or measured as required with participation in the study, I am aware that my pet's enrollment may be canceled (without a refund of the enrollment fee) due to health and safety concerns of all parties involved.
- I agree to administer anxiolytic medication as prescribed by the clinician prior to each appointment if deemed necessary. Failure to administer necessary anxiolytic medications prior to the appointment may result in cancellation of your pet's enrollment (without a refund of the enrollment fee) due to health and safety concerns of all parties involved.

**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/cat for participation in this research.

By signature below, I release the Veterinary Health Center and their agents, officers and employees for all claims, demands and causes of action which may arise from the participation of my dog/cat in this study.

I have reviewed and understand this release.

\_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician signature

\_\_\_\_\_  
Date

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