



# SLIM PET CHALLENGE WEIGHT TRACKING CHART



Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Type: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Target Weight: \_\_\_\_\_

**Enter Pet's Weight Here ▶**

**START WEIGHT:** \_\_\_\_\_

This form is to be completed by DVMs and Hospital Staff ONLY.

MONTH 1	MONTH 2	MONTH 3	MONTH 4
_____ lbs	_____ lbs	_____ lbs	_____ lbs

**END WEIGHT:** \_\_\_\_\_

**INSTRUCTIONS:** This contest is for dogs and cats ONLY. Recordkeeping begins on **December 14, 2009** and ends **April 16, 2010**. Each participating pet should have its own recordkeeping chart and must be submitted or postmarked by **April 19, 2010**. Please fax forms to 512/452-6633 or mail them to TVMF, 8104 Exchange Drive, Austin, Texas 78754.