

Implementing a Successful Weight Loss Program

Creating Collaborative Care Through Nutrition Conversations



A PANEL DISCUSSION

Surveys suggest one- to two-thirds of pet cats and dogs are overweight or obese, which may compromise their health and longevity. Designing a successful weight loss program and fostering pet owner adherence can be challenging. Board-Certified Veterinary Nutritionist® Dr. Maryanne Murphy and Veterinary Technician Specialist (Nutrition) Tamberlyn Moyers discuss these intricacies in this panel discussion moderated by feline internal medicine specialist Dr. Andrew Sparkes.¹

FORMULATING A WEIGHT LOSS PROGRAM



Andrew Sparkes, BVetMed, PhD,
Dipl. ECVIM, MANZCVS, MRCVS
(Chair/Moderator)

Dr. Andrew Sparkes: What is your first step in creating a weight loss plan?

Dr. Maryanne Murphy: We determine the pet's body fat percentage using a 9-point body condition scoring system² and, particularly for patients with a higher level of obesity, a body fat index chart. Ideal body condition score (5/9) corresponds to 20–25% body fat; each body condition point changes that by 5%. A 9/9 corresponds to 40–45% body fat, although clinically patients can be even more obese.

We use percentage body fat to determine ideal weight and calculate RER based on ideal weight.³ Others may base caloric intake on current weight, allowing for a slower rate of weight loss and less risk of nutritional deficiencies.

Dr. Sparkes: Do you use a diet history to make any calorie decisions?

Dr. Murphy: I do to get a general idea of how many calories are being consumed. When I can obtain a diet history, I assess whether the amount of calories being fed seems appropriate for the pet's estimated ideal weight. If the calorie intake seems reasonable, I first consider whether we have a complete diet history—are we missing any sources of calories?

If the diet history is accurate, and the calorie intake is appropriate for the ideal weight, this patient may have a slower-than-average metabolism. Calculations are based on averages. An individual pet may need more or less.

Comorbidities, such as hypothyroidism, could lead to excess weight. We recommend thyroid assessment in these patients. If an overweight or obese dog is polyuric/polydipsic, potbellied, showing hair coat changes, etc., we may consider diagnostics for Cushing's.

If the diet history reveals the pet is clearly receiving excessive calories, we use that in our client education moving forward.

Dr. Sparkes: How do you present the weight loss plan to the owner?

Ms. Tamberlyn Moyers: I say we are providing an individualized plan formulated based on their pet's ideal weight. I explain our goal weight. I tell them we will provide the amount of calories to feed daily in grams, and we dispense a gram scale.

I recommend meal prepping—measuring and individually bagging each meal, then labeling and placing bags in a container—so everybody in the household knows whether the pet has been fed that day's meals.

We recommend a slow transition to the new diet and monitoring for vomiting, diarrhea, or constipation. For obese cats, due to the risk of hepatic lipidosis, we warn owners to be sure their cat is eating as they transition to the new diet.



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Tamberlyn Moyers, LVMT, VTS
(Nutrition)

Dr. Sparkes: What most motivates owners to start weight loss programs for their pet?

Dr. Murphy: Life expectancy is the biggest motivator. A Purina 14-year longevity study showed that Labrador Retrievers with an average body condition of 4.6/9 had a median life span nearly two years longer than their littermates that had an average body condition of 6.7/9.⁴

Weight loss also benefits quality of life. As little as 6% weight loss in dogs can help arthritis. But life expectancy should be your main focus when talking to pet owners.



“Life expectancy should be your main focus when talking to pet owners.”
Maryanne Murphy, DVM, PhD, DACVIM (Nutrition)

Dr. Sparkes: Research shows a correlation between dog and human obesity. Why?

Dr. Murphy: Dogs are often included in our lifestyle. If we hike, we likely bring our dog. If we are sedentary, our dog is likely sedentary, too.

Dr. Sparkes: That inevitably causes us some discomfort in broaching the subject of the pet's excess weight to the owner. Do you have any tips?

Dr. Murphy: As you complete the exam and explain your findings, always note the pet's body condition score. When it is ideal, highlight that good news.

If it is a 6/9, I remind myself that I am the pet's advocate, so I need to have the conversation, even if I am uncomfortable. I will be direct in a nonjudgmental way: “As I do body condition scoring, I notice that Fluffy is a 6/9. Here is a body condition scoring chart. Let me show you the areas where she is carrying excess body fat.”

I then ask an inviting question: “Would you like to discuss how we can try to get Fluffy to a 4–5/9?” If they are not interested at that moment, it is better in the long term to say, “Okay, I will note this in the records. We will recheck and may need to revisit this next time.” This validates their current lack of interest in pursuing a weight loss plan, but you feel the excess weight is a problem. I find and research shows that pushing too hard will probably push the client away. You ultimately work against yourself and will be unable to help that pet.

But if you give the owner more time, provide relevant handouts, they may be more receptive later.

Dr. Sparkes: How quickly should pets lose weight?

Ms. Moyers: We typically aim for weekly weight loss of 0.5–2% of their body weight. Owners usually feel pets are content with the amount of calories they are getting. We adjust the amount fed as needed to meet that rate, generally by 10% until nearing ideal or target weight, when we slow the rate by making 5% adjustments.

“We typically aim for weekly weight loss of 0.5–2% of their body weight.” **Ms. Moyers**

Dr. Murphy: Slowing the rate as you approach ideal weight helps you experience fewer issues with unintentional continued weight loss.

Ms. Moyers: As the pet nears ideal weight, if weekly rate of weight loss drops below 0.5%, I do not adjust. It is much simpler once reaching ideal weight to have the amount of calories to maintain them there.

Dr. Sparkes: If an owner refuses your recommendation to feed a therapeutic weight loss diet to maintain correct balanced nutrition, are there alternative approaches?

Dr. Murphy: If the owner declines, I spend a little more time looking at current diet history and calorie consumption and determining how to modify. I will not reduce to ideal weight RER but modify my calculated ideal RER using lifestyle factors. For dogs, I typically use a factor of 1.2. For cats, I might use 1.1. I give the pet a little buffer above ideal weight and am comfortable doing so with a well-pet diet.

However, by feeding a therapeutic weight loss diet initially, once reaching target weight, the pet will maintain that weight more successfully by continuing the therapeutic diet. I presume that purchasing the therapeutic weight loss diet keeps the owner focused on weight. Regardless of long-term diet, you will likely need to adjust calories periodically to help maintain that weight.

Dr. Sparkes: Do you have a preference for using dry or canned food to help promote weight loss?

Ms. Moyers: Often it depends upon what owners are currently feeding, if they want to give canned food as a treat. Generally, if the pet starts out on dry food, that gives us room for motivation.

To help disengage begging behavior, we suggest offering the pet a toy or food puzzle containing a little frozen canned food. Many clients do this during their mealtime because their pets are used to getting table scraps then. This keeps the pet busy and away from the dinner table.

Dr. Murphy: For cats, I think weight loss is easier if we can feed canned food only. Some data shows that the high moisture content can be helpful. However, some cats will not eat it. We have to ensure our plan will ultimately be reasonable for the owner to execute for that pet.

Dr. Sparkes: How often are you reevaluating?

Ms. Moyers: We schedule the first recheck appointment at two weeks. If the pet is losing weight at our desired weekly rate, we do not make any adjustments and recheck every month, which we continue until reaching ideal/target weight. We continue monthly rechecks a few more months, then shift to every three months to ensure they are maintaining that weight.

“We have to ensure our plan will ultimately be reasonable for the owner to execute for that pet.” **Dr. Murphy**

ADDRESSING CHALLENGES

Dr. Sparkes: When the pet does not lose weight initially or plateaus, do you always decrease the amount fed?

Ms. Moyers: First, I verify the owner is feeding the correct amount. I know exactly how much I recommended, but I ask at each recheck how much is being fed and about treats. We need to understand exactly how much the pet is being fed before making any adjustments.

I had an owner who measured out the food in grams for the first feeding. She put that amount of food in a cup and drew a line indicating where to fill the cup for future feedings. At the first recheck, the pet was not losing weight as quickly as she should. I had the owner demonstrate filling her cup to the line. We poured the food from the cup onto the gram scale, and it was 10–15 grams over what was supposed to be fed.

When the food is not measured on a gram scale each time, the animal will likely not lose weight at the desired rate. Also, when these patients plateau and I need to make adjustments, I am not sure of exactly how many grams per day they have been getting. So I may be taking away a balanced diet which could eventually, if taken too low, cause nutritional deficiencies.

“We need to understand exactly how much the pet is being fed before making any adjustments.”
Ms. Moyers

Dr. Murphy: That is a testament to the level of communication needed. We must communicate any non-negotiables. Sometimes you must prove what you are recommending will make a difference.

There are always challenges: food-seeking behavior, eating another pet's food, begging, etc.

Ms. Moyers: In those cases, I suggest feeding tools. We recommend an automated feeder, especially for multi-cat households, where the overweight cat may steal another cat's food.

Various automated feeders are available, some that detect a pet's microchip, others, a collar tag. The feeder restricts access to the intended cat only. An automated feeder takes away many of the negative feeding behaviors directed at the owner because the cat no longer depends on the owner to feed.

Some automated feeders are extremely noisy, and noise-sensitive cats may be reluctant to eat from them. To start, I recommend turning on the feeder without food, putting the food bowl next to it, setting the timer, and allowing the feeder to make its noise, which helps the cat adjust to the sound. Then we start a slow transition by placing a little food into the feeder so the cat can realize it is safe.

Dr. Murphy: For automated feeders using a collar tag, remember not all cats are used to wearing collars. Owners may want to ensure their cat adjusts to wearing a collar before investing in the feeder.

Cost is likely the biggest barrier. Some automated feeders are more advanced and expensive. A multi-cat household needing multiple feeders can be a big investment. However, research has shown that automated feeders can help owners in multi-cat households to be more successful with weight loss programs compared to owners manually filling food bowls.

For that pet who awakens the owner at 4 a.m. wanting breakfast, the automated feeder can be set to start dispensing at 3:50 a.m., and the pet will redirect their energy to the feeder. The automated feeder can

distribute a preportioned amount with calories provided accounted for within our daily plan.

Ms. Moyers: We recommend food toys/puzzles as an enrichment to occupy the pet during the owner's mealtime, reducing begging, or throughout the day, for pets who scavenge or hunt for food outside.

Dr. Sparkes: **How does collaboration help keep owners motivated?**

Dr. Murphy: I tell owners I can only help if they tell me what issues they are facing. I will not judge them for relenting to begging and feeding table scraps yesterday. What can we do differently next time? Offering full support helps the owner remain committed.

As the patients' and owners' biggest supporters, we celebrate every single success, even those below target percentage. I want the owner to focus on what works.

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TREATS AND EXERCISE

Dr. Sparkes: **Feeding is part of the human-animal bond and treats inevitably are a component. Do you allow treats?**

Dr. Murphy: For dogs, we always have a “treat allowance.” We provide one for cat owners that need it.

We designate 90% of our total daily calculated calories to come from our complete and balanced diet purpose-formulated for weight loss. The remaining 10% are allotted towards treats. Owners can “spend” the allowance as they wish but cannot exceed it. Feeding a high-value, calorically-dense treat might be the only treat that day or might be given on alternate days, with no treats on other days.

I try to use current treats or at least highlight their calorie count. Oftentimes owners do not realize how many calories a treat contains. If the current treat exceeds their daily treat allowance, they typically want to switch to something else.

For large breed dogs, the owner can feed lower calorie treats formulated for small dogs.

Ms. Moyers: We offer a list of nontoxic, low-calorie human food treats—blueberries, carrots, strawberries.

On rechecks, I often find that multiple people are giving the treat allowance. So, we recommend packing the daily treat allowance in a plastic bag from which any household member can dispense. Everyone knows what is allocated and when each day's allotment is gone.

Dr. Murphy: We never want to take away that treat component because many owners consider it an important aspect of the

relationship with their pet. Plus, you do not need to do that to be successful. For most cases, we can feed treats as part of the weight loss plan.

Dr. Sparkes: What types of exercise do you recommend?

Dr. Murphy: For dogs, we recommend short, targeted leash walks, starting with five minutes, two to three times daily, on a flat elevation. You must be realistic for what that pet and owner are capable of and have them gradually increase. Once better conditioned, you can try having them incorporate hills. Swimming is an option if the owner has pool access. Cats are often challenging, but some will walk on leash in a harness.

We can find creative ways to increase exercise. The more calories expended, the more pets can consume. When we are struggling with weight loss and are not comfortable cutting calories further, I spend more time counseling owners how to increase activity.

FINAL THOUGHTS

Dr. Sparkes: What are your top take-home messages?

Ms. Moyers: Have open discussions with the client. Owners should not feel forced into a plan. The client and veterinary team must collaborate, agreeing on the best recommendations for the individual pet.

Dr. Murphy: Owners most appreciate collaborative conversations. Tailor recommendations based on household dynamics.

With time a factor, perhaps a dedicated team member is a go-between: talking to owners and relaying issues to the veterinarian or technician, who helps devise solutions, which your team member provides to the clients.

CHAIR/MODERATOR

Andrew Sparkes, BVetMed, PhD, Dipl. ECVIM, MANZCVS, MRCVS is an independent consultant. Previously he served as Veterinary Director of International Cat Care and of the International Society of Feline Medicine (ISFM; now known as the International Cat Care [iCatCare] Veterinary Society). Dr. Sparkes has published widely and is the founding and current co-editor of the *Journal of Feline Medicine and Surgery*.

PANELISTS

Tamberlyn Moyers, LVMT, VTS (Nutrition) earned her Associate of Applied Science in Veterinary Technology from Lincoln Memorial University. She earned her designation as a Veterinary Technician Specialist (VTS) in Nutrition in 2013. She has been the lead Technician and coordinator of the University of Tennessee Veterinary Obesity Center, managing obesity cases and helping pets live longer, healthier lives, since 2021.

Maryanne Murphy, DVM, PhD, DACVIM (Nutrition) earned dual bachelor's degrees from Rutgers University and her DVM from Iowa State University. She completed a clinical nutrition residency and PhD at the University of Tennessee, where she currently serves as Chief of the Veterinary Nutrition Service. Dr. Murphy has particular interests in obesity prevention and treatment and dietary management of gastrointestinal disease.

FOOTNOTES

¹ Adapted from the live broadcast of Implementing a Successful Weight Loss Program, a Purina Institute Creating Collaborative Care Through Nutrition Conversations webinar, available on demand at [Purina Institute Webinar Series 2025](#).

² See [Purina Body Condition System](#) | [Purina Institute](#).

³ Various energy calculators are available online, including [MER Calculator for Dogs](#) | [Purina Institute](#) and [MER Calculator for Cats](#) | [Purina Institute](#).

⁴ This study has generated more than 20 peer-reviewed publications including the following:
Kealy, R. D., Lawler, D. F., Ballam, J. M., et al. (2002). Effects of diet restriction on life span and age-related changes in dogs. *Journal of the American Veterinary Medical Association*, 220(9), 1315-1320. doi: 10.2460/javma.2002.220.1315
Lawler, D. F., Evans, R. H., Larson, B. T., et al. (2005). Influence of lifetime diet restriction on causes, time, and predictors of death in dogs. *Journal of the American Veterinary Medical Association*, 226, 225-231. doi: 10.2460/javma.2005.226.225
Kealy, R. D., Lawler, D. F., Ballam, J. M., et al. (2000). Evaluation of the effect of limited food consumption on radiographic evidence of osteoarthritis in dogs. *Journal of the American Veterinary Medical Association*, 217(11), 1678-1680. doi: 10.2460/javma.2000.217.1678

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