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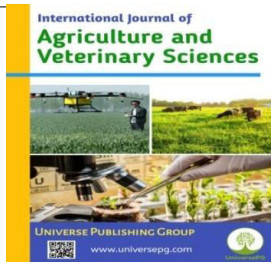

OPEN ACCESS | Review Article

The Role of Pet Owners in Shaping Feeding Behavior and Preventing Alimentary Obesity in Domestic Cats

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Abstract

Alimentary obesity in domestic cats emerges through repeated feeding decisions made at home. Owners determine portion size, meal frequency, treat use, access to food, and the daily conditions under which eating takes place. These choices shape energy intake long before obesity becomes obvious in appearance or clinical examination. The article examines the owner's place in the formation of feline feeding behavior and reconstructs a preventive model suited to household management and veterinary counseling. The aim is to identify the pathways through which owner practices contribute to excess weight gain and to formulate a prevention logic that can be applied before obesity becomes stable. The study draws on ten peer-reviewed sources published between 2021 and 2026. The corpus covers epidemiology, owner perception, feeding management, communication in veterinary settings, and preventive nutrition. The analytical section identifies recurrent owner-linked risk pathways, traces the points at which early correction fails, and proposes a sequence of preventive actions built around measured feeding, monitoring, and clearer clinical guidance.

Keywords: Domestic cats, Feline obesity, Feeding practices, Preventive nutrition, and Indoor lifestyle.

1. Introduction

Feline obesity develops inside routine. A cat does not weigh its own meals, decide how often treats appear, restrict access to dry food, or judge whether hunger signals reflect energy need, habit, or learned solicitation. The owner performs those acts. For that reason, alimentary obesity in domestic cats cannot be reduced to metabolism, appetite, or low activity alone. Household feeding practice forms the immediate setting in which weight gain gathers pace, slows down, or stops (Shathi *et al*., 2023).

The study focuses on that owner-mediated layer. Its aim is to determine how pet owners shape feeding behavior in domestic cats and how their influence can be redirected toward prevention. Three linked tasks guide the inquiry. The first is to identify the mechanisms through which ordinary feeding routines become obesogenic. The second is to explain why early excess weight often passes unnoticed or is interpreted too late. The third is to construct a prevention framework that joins veterinary guidance with owner behavior in a form that can be used in daily practice.

The article's novelty lies in placing the owner at the center of nutritional regulation instead of treating owner behavior as a secondary background factor. The discussion does not move source by source in the manner of a sequential review. It reconstructs a chain in which attachment, perception; meal structure, indoor living, and clinical communication work together and shape body condition over time. The hypothesis states that prevention works best when the owner is treated as the primary regulator of feeding opportunities, portion control, and monitoring discipline, and when intervention begins before obesity becomes visually obvious.

2. Material and Methods

The material base consists of the ten peer-reviewed English-language publications issued between 2021 and 2026 and retrieved through journal platforms and indexing services covering veterinary medicine, companion animal nutrition, and feline clinical research (Arena *et al.*, 2021; Blanchard *et al.*, 2023; Godfrey *et al.*, 2024; Hanford & Linder, 2021; Opetz *et al.*, 2024; Partington *et al.*, 2025; Saavedra *et al.*, 2024; Silva *et al.*, 2026; Sutherland *et al.*, 2022; Hayle *et al*., 2020; Wang *et al.*, 2026).

The search strategy combined the keyword clusters "feline obesity," "domestic cats," "owner perception," "feeding management," "body condition score," "weight-related communication," and "obesity prevention." Screening focused on studies that dealt directly with owner-mediated feeding behavior or preventive management. The selection excluded papers centered on laboratory mechanisms without clear household implications, studies limited to canine obesity, publications that repeated earlier evidence without adding conceptual value, and material outside the five-year window. Initial retrieval produced a broader recent pool. The final corpus remained after removing technical metabolic studies without owner-related relevance, non-feline publications, and sources with weak connection to feeding behavior or prevention. The selected literature covers five connected groups of questions: household and environmental risk factors (Arena *et al.*, 2021; Saavedra *et al.*, 2024; Silva *et al.*, 2026), owner perception and underestimation of body condition (Blanchard *et al.*, 2023; Hanford & Linder, 2021), communication in veterinary encounters and owner response to counseling (Partington *et al.*, 2025; Sutherland *et al.*, 2022), structured prevention and dietary control (Godfrey *et al.*, 2024; Opetz *et al.*, 2024), and integrative reviews of obesity mechanisms and preventive management in cats (Saavedra *et al.*, 2024; Wang *et al.*, 2026). That distribution supports an examination of obesity as a process shaped by repeated owner decisions at home and then reinforced or corrected in clinical settings.

The study uses source analysis, comparative analysis, conceptual synthesis, analytical generalization, and typologization. These methods connect epidemiological, clinical, review, and communication studies with the three research tasks. The procedure involved identifying recurrent owner-linked variables, comparing the ways different studies interpret them, grouping them into stable preventive categories, and translating those categories into a practical prevention model.

3. Results

Recent literature points to one recurring conclusion. Domestic cats gain excess weight within a feeding system that owners create and maintain. Owners regulate access to food, decide how appetite cues are interpreted, shape activity conditions inside the home, and determine whether feeding remains measured or drifts into approximation (Arena *et al.*, 2021; Saavedra *et al.*, 2024; Silva *et al.*, 2026; Wang *et al.*, 2026).. Under those conditions, feline obesity appears less as an isolated nutritional mishap and more as the long-term product of routine behavior.

The first owner-mediated mechanism concerns feeding structure. Studies on domestic cats repeatedly link excess body weight with ad libitum feeding, unrestricted access to dry food, frequent treat use, and feeding routines in which the owner applies little control over amount or timing (Arena *et al.*, 2021; Saavedra *et al.*, 2024). That point matters for the article's first task because it shifts attention away from the food item alone and toward the owner's management of availability. A commercially acceptable diet does not protect a cat from excess intake when food remains accessible through most of the day or when treats function as a repeated social response to beg-

ging, attention seeking, or owner guilt. Prevention starts with the structure of feeding.

A fuller picture appears when controlled intervention studies are read next to epidemiological and review material. Opetz *et al*. (2024) reported that restricted feeding with weight-control diets in obese cats reduced body weight and altered body composition under structured conditions. Godfrey *et al*. (2024) identified the period after gonadectomy, especially in kittens aged 5 to 12 months, as a sensitive stage in which preventive feeding management deserves early attention. Saavedra *et al*. (2024) and Wang *et al*. (2026) placed those observations in a broader frame by linking obesity in cats with routine household practices, diet format, owner compliance, and the long management horizon that follows once excess weight becomes established. Read together, these sources support a more exact conclusion. Owners reduce risk when they replace intuitive portioning with measured feeding. Once meals become structured, prevention gains a workable form. Once meal quantity remains flexible, affectionate, and visually estimated, biological predispositions linked to age, neutering, and low activity are more likely to turn into stable adiposity (Godfrey *et al.*, 2024; Opetz *et al.*, 2024; Wang *et al.*, 2026).

A second mechanism lies in the owner's reading of the cat's body and everyday behavior. Early excess weight often escapes notice. Blanchard *et al*. (2023) found marked underestimation of body condition among pet owners, with overweight status itself increasing the chance of misjudgment. Hanford and Linder (2021), working with owners of obese cats, showed that many owners assigned a lower level of health risk to obesity than veterinary reasoning would support and described quality-of-life effects in mixed terms. For the present article, the meaning of these findings reaches beyond perception alone. Cats often remain mobile and socially engaged during early weight gain. That makes visual normalization easy. It also leaves room for affectionate reinterpretation. Owners may read heaviness as calmness, maturity, or comfort. Once that happens, diet change and veterinary correction arrive after excess weight has already become part of the household baseline.

Silva *et al*. (2026) sharpened that point. Their cross-sectional study linked heavy or obese cats with stronger owner attachment and associated indoor confinement with elevated early obesity risk in domestic shorthaired cats. The evidence does not support a crude statement that attachment itself causes obesity. The mechanism is subtler. Strong attachment may increase food-mediated caregiving, soften resistance to solicitation behavior, and turn appetite into a reassuring sign of vitality, pleasure, or relational warmth. Feeding then stops functioning as a bounded nutritional act. It becomes part of the emotional grammar of the owner-cat relationship (Silva *et al*., 2026). That interpretation helps explain why calorie-focused advice often fails to change routine. Owners may understand the recommendation and still continue the same pattern because feeding carries emotional meaning.

The household environment strengthens that mechanism. Urban and indoor living conditions recur across the literature as obesity-linked settings, especially where environmental stimulation remains limited and owners control intake in a sedentary domestic space (Arena *et al.*, 2021; Saavedra *et al.*, 2024; Silva *et al.*, 2026). Arena *et al*. (2021) connected risk and protective factors in urban cats with management style, welfare indicators, and owner choices in daily care. Silva *et al*. (2026), using a different regional population, reported a similar pattern in owned cats from Central Brazil, where overweight and obesity appeared together with management-related and owner-linked variables. Agreement across different populations matters here because it reduces the chance that the pattern belongs to one clinic culture or one country alone. Indoor life compresses opportunities for spontaneous movement. Under those conditions, the owner's control over feeding becomes sharper in effect because intake remains easy to increase while expenditure stays low (Arena *et al.*, 2021; Saavedra *et al.*, 2024; Silva *et al.*, 2026).

Communication in veterinary practice helps explain why these patterns often survive clinical contact. Sutherland *et al*. (2022) showed that weight-related conversations between veterinary professionals and clients can be difficult, incomplete, and shaped by

discomfort during consultation. Partington *et al*. (2025) added a further complication by identifying implicit weight bias among veterinary professionals and showing that evaluations of owners and their caregiving ability differ across situations involving pet and client body size. These studies matter for feline obesity prevention because advice does not travel into an empty space. Owners enter the consultation with attachment patterns, defensiveness, prior beliefs, and routines that already feel normal. Veterinary professionals bring communicative habits and possible bias. When those layers collide, a sound recommendation may reach the owner as blame, overstatement, or a vague signal that does not require immediate change.

The owner's place in prevention comes into view more clearly when these studies are treated as parts of a sequence. Risk recognition comes first. Meal structuring follows. Monitoring must continue after that. Environmental management and veterinary alignment then shape whether change holds or collapses. **Table 1** condenses that sequence.

Table 1: Owner-centered pathway for preventing alimentary obesity in domestic cats (adapted by the author based on Godfrey *et al.*, 2024, Saavedra *et al.*, 2024, and Wang *et al.*, 2026).

Stage	Owner action	Preventive effect
Early risk recognition	Identifies neutering, indoor confinement, low activity, and food-seeking patterns as obesity-relevant	Moves prevention earlier than visual obesity recognition
Feeding structuring	Uses measured meals, defined portions, and treat limits	Reduces chronic excess energy intake
Monitoring routine	Tracks body weight and body condition score at regular intervals	Detects deviation before obesity stabilizes
Environmental support	Increases activity opportunities and reduces passive food access	Lowers mismatch between intake and expenditure
Veterinary alignment	Responds to clear, non-stigmatizing counseling with specific follow-up	Improves adherence and continuity

A closer comparison of several sources around one question clarifies why owner action often begins late. Blanchard *et al*. (2023) and Hanford and Linder (2021) point to perceptual error. Silva *et al*. (2026) reveals the emotional coding of feeding, where food acts as care and response. Sutherland *et al*. (2022) and Partington *et al*. (2025) show how clinical communication may fail to convert advice into sustained household practice. Those positions do not compete. They fit together. Delay grows out of interaction among misperception, attachment, and communication style. Because the three elements reinforce one another, prevention cannot rest on information transfer alone (Blanchard *et al.*, 2023; Hanford & Linder, 2021; Partington *et al.*, 2025; Silva *et al.*, 2026; Sutherland *et al.*, 2022).

The final line of evidence concerns prevention before obesity becomes obvious. Godfrey *et al*. (2024) identified post-gonadectomy kittens as a priority group and stressed the need for close feeding management and monitoring during growth. Saavedra *et al*. (2024) and Wang *et al*. (2026) described feline obesity as a multifactorial condition shaped by intrinsic predispositions and external influences, with owner perception and owner compliance recurring throughout the preventive picture. Opetz *et al*. (2024) then showed that once owners shift feeding into a measured structure, physiological change follows. For the article's third task, that combination of evidence supports a direct inference. Prevention does not begin when obesity reaches a severe stage. Prevention begins

when owners take control of routine before visual normalization of excess weight sets in.

Taken together, the ten sources support a coherent answer to the article's central problem. Owners shape feeding behavior in domestic cats through portioning habits, treat logic, response to solicitation, interpretation of body condition, management of indoor life, and willingness to follow structured guidance (Arena *et al.*, 2021; Blanchard *et al.*, 2023; Godfrey *et al.*, 2024; Hanford & Linder, 2021; Opetz *et al.*, 2024; Partington *et al.*, 2025; Saavedra *et al.*, 2024; Silva *et al.*, 2026; Sutherland *et al.*, 2022; Wang *et al.*, 2026). . Prevention fails when those actions remain intuitive, emotionally reinforced, and weakly monitored. It gains traction when owners measure food, identify risk periods early, check body condition and weight on a schedule, and receive guidance that translates clinical concern into concrete household practice (Godfrey *et al.*, 2024; Opetz *et al.*, 2024; Sutherland *et al.*, 2022; Wang *et al.*, 2026). .

4. Discussion

The reviewed studies leave the owner in a central position. In domestic cats, the owner controls food access, defines routine, and decides whether feeding remains bounded or drifts into accommodation. That position creates a difficult pattern. The same person who has the strongest capacity to prevent obesity may preserve it through affectionate overfeeding, soft reading of body condition, and delayed response to gradual weight gain. A useful interpretation has to move past the general statement that owners matter. Owner behavior forms the operating environment in which obesity develops, slows, or reverses.

Table 2: Owner-mediated feeding risk patterns in domestic cats and their preventive meaning (compiled by the author based on Arena *et al.*, 2021, Blanchard *et al.*, 2023, Godfrey *et al.*, 2024, Saavedra *et al.*, 2024, and Silva *et al.*, 2026).

Owner-mediated pattern	How it appears in practice	Why it elevates obesity risk	Preventive priority
Visual underestimation of body condition	The cat is described as normal, sturdy, or simply calm despite visible excess condition	Delays correction and normalizes slow weight gain	High
Attachment-driven feeding	Food or treats are used to respond to attention-seeking or to express care	Increases unmeasured energy intake and weakens portion control	High
Free-access feeding	Dry food remains available most of the day	Encourages chronic overconsumption in low-activity settings	High
Indoor sedentary routine	Limited environmental stimulation with frequent passive resting	Reduces expenditure while keeping intake opportunities stable	High
Life-stage neglect after gonadectomy	Feeding plan is not adjusted during a recognized risk period	Allows early weight gain to become the new baseline	High
Irregular monitoring	Body weight and body condition are not checked on a schedule	Prevents detection of gradual deterioration	Medium to high
Consultation resistance or discomfort	Weight discussions are vague, shortened, or poorly received	Weakens adherence and follow-up	Medium to high

Educational advice on its own does not cover the whole problem. Owners often understand that excess weight carries health risk. Difficulty enters at another level. Food serves nutritional, relational, and comforting functions at once. In indoor households, and even more in multi-cat settings, owners may use

feeding to avoid conflict, calm solicitation, maintain routine, or express care. Under those conditions, preventive work needs a decision model with clear steps, not broad instructions such as reducing food or increasing activity. The first practical move is to classify risk at household level. Table 2 organizes the owner-linked patterns that deserve attention before obesity stabilizes.

The value of this table lies in the way it reframes risk. Obesity does not require a single extreme mistake. One household may combine free feeding, soft interpretation of body condition, and attachment-driven treat use while each act appears harmless in isolation. The risk comes from accumulation. That cumulative structure explains why obesity often enters routine quietly and why owners are surprised when body condition scoring later names a problem that has been forming for months.

Implementation requires sequence. Risk recognition comes first. The owner then converts feeding from visual estimation to measurement. Monitoring follows and continues. Adjustment depends on the cat's response. Veterinary participation changes across those phases. Early conversations need calibration and explanation. Later contact needs reinforcement, troubleshooting, and follow-up. Owners hold a plan more reliably when the plan contains visible metrics instead of broad warnings. Table 3 translates that logic into a monitoring framework designed for household use and veterinary counseling.

Table 3: Preventive monitoring logic for owner-guided feeding management in domestic cats (compiled by the author based on Hanford and Linder, 2021, Opetz *et al.*, 2024, Sutherland *et al.*, 2022, Saavedra *et al.*, 2024, and Wang *et al.*, 2026).

Monitoring domain	What is tracked	Practical indicator	Decision trigger
Portion discipline	Daily food amount and treat frequency	Measured meals recorded consistently	Persistent estimation instead of measurement
Body condition	Visual and tactile body condition score	Regular BCS checks using the same scale	Upward drift from ideal score
Body weight trend	Repeated weight over time	Stable or rising trajectory by review interval	Weight gain across consecutive checks
Feeding behavior	Begging, food-seeking, meal completion speed	Change in solicitation pattern without hunger-based justification	Increase in owner-reactive feeding
Activity environment	Play frequency, food puzzles, movement opportunities	Structured daily enrichment present	Low stimulation with unrestricted intake
Owner adherence	Ability to maintain the plan between visits	Completion of agreed routines	Recurrent deviation from plan or missed follow-up

This framework keeps prevention tied to actions that owners can perform and clinicians can review. A cat may receive a diet designed for weight control and still gain weight when meal quantity remains unmeasured, treats stand outside the plan, or owners answer solicitation inconsistently. The decisive variable lies in adherence built into routine. Measurement serves a practical purpose here. It protects owners from reading the cat's condition through hope, habit, or affection alone.

Clinical communication needs a similar level of precision. Veterinary professionals should address excess weight without blame and without vague softening that leaves owners uncertain about the need for change. A more effective approach links the cat's present condition with one concrete action sequence.

In many households, meal structuring offers the best first step. Once owners sustain that change, treat accounting and monitoring become easier to add. This order matters because adherence weakens when owners face a full set of simultaneous reforms.

The evidence supports an owner-calibration model of prevention. Feeding needs to move from spontaneous care toward regulated care. Affection remains part of the relationship, but owners need other ways to express it. Play, contact, routine, and environmental engagement can carry that function without adding calories. Body condition scoring needs to enter the household as a routine health practice instead of a measure used only after visible obesity appears. Risk stages deserve special attention. The period after gonadectomy, prolonged indoor confinement, and low-activity daily life all require earlier oversight than many owners currently provide.

The evidence base still has limits. The selected literature combines reviews, cross-sectional studies, communication studies, and intervention work. That gives breadth, though it does not settle every causal relation with the force of long-term controlled longitudinal research. Owner-reported practices may contain recall error and social desirability bias. Some communication studies do not focus on cats alone, even though their implications fit feline weight management closely. Those limits do not erase the main pattern. Owner feeding behavior remains the primary route through which risk enters daily intake.

5. Conclusion

Alimentary obesity in domestic cats develops through repeated owner-controlled feeding decisions rather than isolated nutritional errors. The reviewed studies show that owners regulate the main conditions under which excess weight forms: portion size, meal frequency, access to dry food, treat use, response to solicitation, interpretation of body condition, and household monitoring. The hypothesis of the study is supported, since prevention becomes more effective when the owner is treated as the central regulator of feline feeding behavior and when intervention begins before obesity becomes visually normalized. The main preventive logic consists of early recognition of risk periods, especially indoor confinement, low activity, and the post-gonadectomy stage; replacement of intuitive feeding with measured meals; regular assessment of body condition and body weight; reduction of passive food access; and veterinary counseling that gives the owner concrete actions rather than general warnings. Delayed correction is usually connected with underestimation of body condition, emotional feeding, normalization of gradual weight gain, and incomplete communication during clinical encounters. For that reason, feline obesity prevention requires not only dietary recommendations, but a stable household routine in which care is expressed through regulated feeding, environmental enrichment, and continuous observation of body condition.

6. Ethical Clearance

The study was based on a review and analytical synthesis of previously published peer-reviewed literature. No experimental procedures involving animals or humans were conducted by the author. No clinical intervention, owner survey, biological sampling, or use of confidential patient data was performed. Therefore, approval from an Ethics Committee was not required for this research.

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8. Conflicts of Interest

The author declares no conflicts of interest.

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