



Staff Initials:
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As the owner / guardian of \_\_\_\_\_, I request that The Pets Hotel administers alternative, pre-portioned food. By signing this form I accept the conditions outlined in The Pets Hotel House Rules.

Why does your pet require their own food?  
\_\_\_\_\_

What action would you like us to take, should your pet not eat their own food or be losing weight while consuming their own food?  
\_\_\_\_\_

<b>AM Meal</b>	<b>Circle Type of food:</b>	DRY	WET	RAW	HOME COOKED	OTHER
	<b>Brand and Specification:</b> (e.g. Science Diet - Hypoallergenic)	_____				
	<b>Measurement provided per meal:</b>	_____				
	<b>Health Supplement included:</b> (non prescription only)	_____				
	<b>Treats:</b>	_____				
	<b>Further Instructions:</b>	_____				<b>OFFICE USE ONLY</b> Quantity on Arrival

<b>NOON Meal</b>	<b>Circle Type of food:</b>	DRY	WET	RAW	HOME COOKED	OTHER
	<b>Brand and Specification:</b> (e.g. Science Diet - Hypoallergenic)	_____				
	<b>Measurement provided per meal:</b>	_____				
	<b>Health Supplement included:</b> (non prescription only)	_____				
	<b>Treats:</b>	_____				
	<b>Further Instructions:</b>	_____				<b>OFFICE USE ONLY</b> Quantity on Arrival

<b>PM Meal</b>	<b>Circle Type of food:</b>	DRY	WET	RAW	HOME COOKED	OTHER
	<b>Brand and Specification:</b> (e.g. Science Diet - Hypoallergenic)	_____				
	<b>Measurement provided per meal:</b>	_____				
	<b>Health Supplement included:</b> (non prescription only)	_____				
	<b>Treats:</b>	_____				
	<b>Further Instructions:</b>	_____				<b>OFFICE USE ONLY</b> Quantity on Arrival

Owner / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_