



Staff Initial: \_\_\_\_\_

Quantity: \_\_\_\_\_

As the owner/guardian of \_\_\_\_\_, I request that The Pets Hotel administers alternative, pre-portioned food at a charge of \$1.50 per meal. By signing this form I accept the conditions outlined in The Pets Hotel House Rules. If it is not pre-portioned the charge is \$5 per meal.

- 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 whilst consuming their own food? \_\_\_\_\_  
\_\_\_\_\_

<b>AM MEAL</b>	circle type of food	DRY	WET	RAW	HOME COOKED	OTHER
	Brand & Specification: _____					
	Measurement provided per meal: _____					
	Treats if provided: _____					
	Health supplement (non-script): _____					
	Further instructions: _____ _____					

<b>NOON MEAL</b>	circle type of food	DRY	WET	RAW	HOME COOKED	OTHER
	Brand & Specification: _____					
	Measurement provided per meal: _____					
	Treats if provided: _____					
	Health supplement (non-script): _____					
	Further instructions: _____ _____					

<b>PM MEAL</b>	circle type of food	DRY	WET	RAW	HOME COOKED	OTHER
	Brand & Specification: _____					
	Measurement provided per meal: _____					
	Treats if provided: _____					
	Health supplement (non-script): _____					
	Further instructions: _____ _____					

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_