



Staff Initials: _____

As the owner / guardian of _____, I request that The Pets Hotel Country Club administers alternative, pre-portioned food. By signing this form I accept the conditions outlined in The Pets Hotel Country Club Client Agreement.

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?

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

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

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

Owner / Guardian Signature: _____ Date: _____