

**COTTAGE KENNELS AND CATTERY
OWN FOOD PERMISSION FORM**

Pet Name: _____ Surname: _____

Client Signature: _____ Date: _____

Type of food: Wet <input type="checkbox"/>				Dry <input type="checkbox"/>		Cooked <input type="checkbox"/>		Raw <input type="checkbox"/>		Treat <input type="checkbox"/>	
Brand/Description: _____											
Frequency:		AM			NOON			PM			
Amount:											
Amount provided: _____											

Type of food: Wet <input type="checkbox"/>				Dry <input type="checkbox"/>		Cooked <input type="checkbox"/>		Raw <input type="checkbox"/>		Treat <input type="checkbox"/>	
Brand/Description: _____											
Frequency:		AM			NOON			PM			
Amount:											
Amount provided: _____											

Type of food: Wet <input type="checkbox"/>				Dry <input type="checkbox"/>		Cooked <input type="checkbox"/>		Raw <input type="checkbox"/>		Treat <input type="checkbox"/>	
Brand/Description: _____											
Frequency:		AM			NOON			PM			
Amount:											
Amount provided: _____											

Specifications: Fussy Sensitive Stomach Allergies _____

Can we offer other food if they are fussy or won't eat their own? Yes / No

Can we offer gastrointestinal food if they have an upset stomach? Yes / No

Can we substitute with our food if they run low on their own food? Yes / No

If no, what would you like us to do if the above issues arise? _____

Kennel use only | Amount provided: _____ Signed: _____