



DIETARY AUTHORITY FORM

As the owner/guardian of (PET'S FIRST NAME) _____, (LAST NAME) _____

I request Kip Happy Stays to administer the following alternative food for my pet's stay. If the food is not pre-portioned, additional charges will apply. By signing this form, I accept these T&C's of Kip Happy Stays.

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 consuming their own food? _____

| | |
|------------------------------|--|
| AM MEAL | TYPE OF FOOD (please circle): DRY WET RAW HOME-COOKED OTHER |
| | Brand and specification: _____ |
| | Measurement per meal: _____ |
| | Treats (if provided): _____ |
| | Health supplements (non-script) Instructions: _____ |
| | Other instructions (Fed at home – bowl/plate?): _____ |
| TOTAL QTY ON ARRIVAL: | |
| PM MEAL | TYPE OF FOOD (please circle): DRY WET RAW HOME-COOKED OTHER |
| | Brand and specification: _____ |
| | Measurement per meal: _____ |
| | Treats (if provided): _____ |
| | Health supplements (non-script) Instructions: _____ |
| | Other instructions (Fed at home – bowl/plate?): _____ |
| TOTAL QTY ON ARRIVAL: | |

| | |
|------------------------|-------------|
| Owner Signature: _____ | Date: _____ |
|------------------------|-------------|