

Own Food Dietary requirements Authorisation

Staff Initials: _____

As the owner / guardian of _____, I request that Hallam park administers alternative, food

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: _____