

## FEEDING INSTRUCTIONS FOR MY PET DURING THIS STAY

Date:	Pet(s) name:
Own food:	House food:
May your pet have our hou	se food if he/she runs out? [] Yes [] No
How much and how often	
•	
Any food allergies? If yes, please list:	
May we give your pet hous	our pet for this stay? [] Yes [] No e treats at our discretion? [] Yes [] No se calming aids (hemp treats, melatonin, Thundershirt, etc.) if em? [] Yes [] No
If checked yes, what is you	the country? [] Yes [] No preferred way of communication? mergency Contact [] Other:
Date of pick up:	Time: [8-10] [10-12] [12-2] [2-4]
Signature:	Contact number:
<b>Local</b> Emergency Contac	: