**HEALTH INFORMATION FORM AND FEEDING SCHEDULE**

(Please complete and submit a separate form for each animal)

Animal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*Dogs and cats must be at least 16 weeks old.\**

Owner(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical conditions, injuries, allergies or other health concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your animal currently on any medications? No Yes (If Yes, please provide details below):

***\*Please note that all medications, both prescription and over-the-counter (OTC), brought to our facility must be in their original container with the original labeling and dosage/administration information as prescribed by your veterinarian. Medications/supplements not in original container will not be accepted or administered. Cozy Pet Hotel is not responsible for filling medication prescriptions. Please make sure your animal has an adequate supply of medication before drop-off.\****

Medication #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time & Frequency of Administration:

 Morning Time: \_\_\_\_\_\_\_\_

 Afternoon Time: \_\_\_\_\_\_\_\_

 Evening Time: \_\_\_\_\_\_\_\_

 Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time & Frequency of Administration:

 Morning Time: \_\_\_\_\_\_\_\_

 Afternoon Time: \_\_\_\_\_\_\_\_

 Evening Time: \_\_\_\_\_\_\_\_

 Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time & Frequency of Administration:

 Morning Time: \_\_\_\_\_\_\_\_

 Afternoon Time: \_\_\_\_\_\_\_\_

 Evening Time: \_\_\_\_\_\_\_\_

 Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your animal been: Spayed? Neutered? ***\*All animals over 6 months of age must be spayed or neutered.\** No Yes (circle one)**

Feeding schedule:

Time & Frequency of Administration:

 Serving portion: \_\_\_\_\_\_\_\_

 Morning Time: \_\_\_\_\_\_\_\_

 Afternoon Time: \_\_\_\_\_\_\_\_

 Evening Time: \_\_\_\_\_\_\_\_

 Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Client must provide own food for animal or a $5/night charge will be assessed. Cozy Pet Hotel will not provide additional special food unless agreed upon in writing by staff if your animal should deplete its original supply of food. Please make sure your animal has an adequate supply of food before drop-off.\****