



## Custom Recipe Application Form

Fax this form to Hilary Watson at  
**519-763-6682**

NOTE: This form must be submitted by a veterinarian. If you are a dog owner, please ask your veterinarian to fax this form for you. There is no charge for this service. Response may take 2-3 weeks. I process these requests in the order that I receive them, except that I do prioritize seriously ill cases, especially if the dog is inappetant.

Veterinarian submitting this form: Dr. \_\_\_\_\_ D.V.M.

Clinic: \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Dog's name: \_\_\_\_\_ Owner's name: \_\_\_\_\_

Breed of dog: \_\_\_\_\_ Age of dog: \_\_\_\_\_

Current body weight: \_\_\_\_\_ kg **OR** \_\_\_\_\_ lb

- 1) Dog's current body condition:     underweight     ideal     overweight
- 2) Dog's typical activity level:     inactive     average     very active
- 3) Recipes for this dog should include:     raw foods only     raw and cooked foods
- 4) List foods you would like included in your recipes:

- 5) List any foods your dog doesn't like or cannot eat (allergies, intolerances, aversions):

- 6) Describe any special instructions (including any medical conditions that apply to this dog):