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Monday to Saturday  
09.00 -11.30 & 15.00 – 17.00  
Sundays and Bank Holidays  
09.00- 11.30

## Pet Particulars

Name \_\_\_\_\_

Breed \_\_\_\_\_

Description \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Castrated Yes/No

Microchip Number \_\_\_\_\_

### Your Pet's Normal Veterinary Practice

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Phone Number \_\_\_\_\_

### Pet Information

Date of last vaccination

\_\_\_\_\_

Any allergies?

\_\_\_\_\_

Any pre- existing medical conditions?

\_\_\_\_\_

Any medication to be given during their stay?

\_\_\_\_\_

Does your pet prefer wet or dry food, or a combination of both?

\_\_\_\_\_

Do you want your pet to enjoy tasty treats whilst on holiday?

\_\_\_\_\_

Is your pet nervous of strangers?

\_\_\_\_\_

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_