



PLEASE COMPLETE THIS FORM IN AS MUCH DETAIL AS POSSIBLE
ALL INFORMATION PROVIDED IS USED TO ASSURE YOUR PET RECIEVES THE BEST
POSSIBLE CARE AND WILL NOT BE SHARED.
(Please see our website for full T's & C's)
Complete one per animal before arrival and bring with you on drop off

Owner's Details

TITLE..... FIRST NAME..... SURNAME.....
ADDRESS..... TEL:
..... MOB:
.....POST CODE..... EMAIL:

Pet's Details

NAME: AGE: SEX:..... NEUTER STAUS:
MICROCHIP NO: DESCRIPTION/BREED:
PLEASE LIST ANY OTHER PETS IN THE SAME HOUSEHOLD (IF ANY):
.....
.....

Medical and Behavioural Information

NAME AND ADDRESS OF PETS NORMAL VETS:
..... POST CODE

DETAILS OF ANY INSURANCE RELATING TO THIS PET:
.....

FEEDING INSTUCTIONS:
.....
.....
.....

ARE VACCINES, WORMERS AND FLEA TREATMENT UP TO DATE WITHIN THE LAST 3 WEEKS? YES NO DATE GIVEN (PLEASE CIRCLE)

DETAILS OF RELEVANT MEDICAL HISTORY:
.....
.....
.....

DETAILS OF BEHAVIOUR ISSUES/CHARACTERISTICS:
.....
.....
.....



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Social Media

DO YOU CONSENT TO HAVING YOUR PETS PICTURE POSTED ON SOCIAL MEDIA? NO IDENTIFYING NAMES OR DETAILS WILL BE GIVEN. YES NO (PLEASE CIRCLE)

Dates requested

DATE FROM:AM/PM DATE TO:AM/PM NO: OF NIGHTS:

DATE FROM: AM/PM DATE TO:AM/PM NO: OF NIGHTS:

DATE FROM: AM/PM DATE TO: AM/PM NO: OF NIGHTS:

IF MORE THAN ONE PET, DO YOU WANT THEM TO SHARE A KENNEL? YES NO (PLEASE CIRCLE)

IF PETS ARE SHARING AND ANY ISSUES ARISE, WE MAY HAVE TO SPERATE THEM.

ARE YOU SUPPLYING YOUR OWN FOOD? YES NO (PLEASE CIRCLE)

WOULD YOU LIKE US TO PROVIDE FOOD? YES NO (PLEASE CIRCLE)

Emergency contact

TITLE..... FIRST NAME..... SURNAME.....

ADDRESS..... TEL:

..... MOB:

.....POST CODE..... EMAIL:

THIS SHOULD BE SOMEONE OTHER THAN YOURSELF

Signature

SIGNATURE

PRINT NAME AND DATE:



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Consent

I UNDERSTAND THAT IF MY PET NEEDS EMERGENCY VETERINARY CARE THEY WILL BE TAKEN TO THE LAUREL'S VET PRACTICE OR HOLMER VETS. YES

I WOULD LIKE MY PET TO BE GROOMED WHILST AT LARKHOLME. YES NO

I AM BRINGING IN MY OWN FOOD TO BE FED TO MY PET. YES NO

SHOULD ANY SUPPLIES BROUGHT IN RUN OUT OR VETERINARY CARE BE GIVEN DURING MY PET(S) STAY I UNDERSTAND THESE COSTS WILL BE INCURRED BY THE OWNER. YES

I CONSENT TO TREATS BEING GIVEN TO MY PET DURING THEIR STAY. YES NO

I CONFIRM MY PET HAS NO ANTI-SOCIAL OR BEHAVIORAL ISSUES. YES

I AM BRINGING IN THE FOLLOWING ITEMS FOR MY PET STAY.
.....
.....

Signature

SIGNATURE

PRINT NAME AND DATE

I confirm I have read and understood the above and the T's & C's of Larkholme Pet Holidays.

BACS Details:		
Larkholme Pet Holidays	Sort Code: 30-98-97	A/C: 60410063
Ref: Your surname		
For Office Use Only:		