



BOOKING FORM

YOUR DETAILS:

Name	
Address	
Postcode	

Home	Work	Mobile
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EMERGENCY CONTACT – this must be someone who isn't going away with you

Name	Phone
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Arrival Date:	Departure Date:
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YOUR PET(S) DETAILS:

Pet Type	Name	Male/Female	Brand of food eaten
Pet 1			
Pet 2			
Pet 3			

Please provide details of what your pet(s) eat throughout the day (including brands and quantities)

Pet Name	Morning	Lunch	Evening	Bedtime

The veterinary surgery your pet(s) is/are registered with:

Name:	
Address:	
Telephone:	
Pet Insurance Co:	

I'd like to receive updates on my pets (please circle your preferred method):

Facebook Instagram Text (no photo) WhatsApp Email

By signing this form, I confirm that:

- ☐ My rabbit(s) is/are fully vaccinated
- ☐ My ferret is vaccinated against distemper
- ☐ I consent to you using my personal data in line with your Data Protection Policy

I do/do not give permission for TLC Pet Retreat to use photos of my pet(s) on your:

- ☐ Social Media pages (Facebook and Instagram)
- ☐ Website
- ☐ I have read and agree with your Terms and Conditions

Signed..... Print Name Date.....

CONSENT FOR VETERINARY TREATMENT

- ☐ I give my consent for any medical treatment or medication that may be necessary.
- ☐ In the case of you being unable to contact me, I give my consent for a general anaesthetic if necessary.

I agree that I am liable for any veterinary bills. Any bills incurred will be settled with the veterinary surgery treating my pet or with TLC Pet Retreat on collection of my pet.

Signed:..... Print Name:..... Date:

My 40% non-refundable deposit will be paid by:

- ☐ Cash (Please pay in person)
- ☐ Cheque enclosed (cheques payable to M CROSSLAND)
- ☐ BACS (A/C: M CROSSLAND Sort Code: 40-09-12 A/C: 31898272 Ref: Please use your surname)

WE LOOK FORWARD TO WELCOMING YOU AND YOUR PET(S) TO OUR HOME