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| NAME OF CAT |  |
| OWNER’S NAME |  |
| TELEPHONE NUMBER WE SHOULD USE TO CONTACT YOU WHILE YOU ARE AWAY |  |
| DATE AND TIME OF DROP OFF |  |
| DATE AND TIME OF PICK UP |  |
| PLEASE LIST ITEMS YOU ARE LEAVING WITH US(LEADS, BEDDING ETC) |  |
| LIST SPECIFIC FEEDING REQUIREMENTS.NAME OF FEED, AMOUNT AND FREQUENCY. |  |
| IN THE EVENT OF LOSS OF APPETITE ARE THERE ANY TREATS WE CAN USE TO ENTICE YOUR CAT TO EAT? |  |
| LIST ANY MEDICATIONS AND TREATMENT CURRENTLY BEING GIVEN. THEIR NAME, PURPOSE, DOSAGE AND FREQUENCY |  |
| PLEASE CONFIRM THE DATE(S) OF EACH CAT’S MOST RECENT VACCINATION, WORMING AND FLEA TREATMENTS |  |

**PLEASE LET US KNOW IF YOU WISH TO PICK UP ON A DIFFERENT DATE OR TIME. WE CAN NORMALLY ACCOMMODATE YOUR REQUEST BUT NEED ADVANCE NOTICE. PLEASE CONTACT US ON 01494-875986 OR 07810-791775 TO ADVISE US OF ANY CHANGES OR BY EMAIL TO** **LOUISE@LILYSRETREAT.COM**

**IF YOU HAVE MORE THAN ONE CAT AND THE INSTRUCTIONS ARE DIFFERENT FOR EACH CAT (I.E. MEDICATION OR FEEDING) PLEASE FILL OUT A SEPARATE FORM FOR EACH CAT IN ORDER TO AVOID ANY CONFUSION.**