

The Regal Beagle Boarding Check In Information

Flea Check _____

Last Name: _____

Pet Name: _____

Check in date: _____

Pick up date and time: _____

Contact Information: Name _____

Number: _____

Name: _____

Number: _____

Emergency Contact: Name: _____

Number: _____

Veterinarian Name: _____

Will you be bringing in your own food? Yes No

Feeding Schedule 1 2 per day Other _____ Portion _____

Would you like to make a grooming appointment? Normal rates will apply. Yes No

Reasonable precaution will be used against escape, injury or death of my pet. The facility staff will not be held liable for problems that develop provided reasonable care and proper precautions are followed. In the event of a medical emergency, The Regal Beagle staff has permission to authorize medical treatment for my pet. I will assume full responsibility for any expense as a result of such emergency.

Any pet with evidence of fleas will require a flea bath at the owners expense.

We require all pets to be picked up by 6:00 pm Monday- Friday; 5:00 pm on Saturday; Sunday and holiday pick up is 4-6 pm

If your pet will be receiving any medications during their stay, please list the information below. If not, please write N/A and sign below.

Medication	Dosage	Last Given	Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any person other than yourself who is authorized to pick up your pet:

Name _____

Phone _____

Signed _____

Date _____