## **Boarding Release**

Owner Name: Pet Name:	
Boarding from to	Weekend PU Prepay
Vaccinations UTD	Needed
HW test/fecal UTD	Needed
Complimentary Bath (Board 4+ nights) yes	no
Special Instructions:	
While boarding I wish for the following treatments to be performed on my pet:	
Is your pet on a special diet? Did you	bring the food with you? Feeding instructions:
Please list any bedding, toys, treat etc. you brought f	or your pet:
While your net is boarding at Tigertow	n Veterinary Hospital, we will care for them as if they
	were our own.
If your pet should become ill	during their stay we will diagnose & treat the problem.
2. For the protection of your pet as well as ou	r other patients, TTVH requires your pet be up-to-date on vaccinations and be parasite free.
insure the pets in our care are not exp 4. We strive to have a flea/tick free fa	have had a negative internal parasite exam within the last 6 months to cosed to internal /external parasites while boarding/hospitalized. acility and any pet with evidence of infestation will be treated. Incurred for the treatment of your pet while they are in our care.
**If I neglect to pick up my pet within 10 days of the sci	heduled date of discharge, you may consider that the pet is abandoned and are
hereby authorized to make arrangemen	ts for my pet as Tigertown Veterinary Hospital deems best.**
Owner Signature:	Date:
Phone (while boarding):	Alternate phone:
Alternate Emergency Contact:	Phone: