



Boarding Release Form

Grace Animal Hospital
668 S. Main Street Memphis, TN 38103
Phone: 901 - 590 - 1230
Fax: 901 - 523 - 9539

Owner's Name _____ **Name of Pet(s)** _____

Phone Number _____ **Email:** _____

Dates to Board:	
Drop OFF: _____ / _____	Pick UP: _____ / _____

- My pet(s) need medicine administered (additional \$2/night).
Please state medication: _____
- I brought food for my pet
Please state food item: _____
- I did not bring food

How often would you like us to feed your pet(s)? **How much would you like us to feed your pet(s)**

- Once a day _____
- Twice a day _____
- Keep food down for my pet at all times

Daycare

- I would like my pet to go in daycare while boarding
 - **Full Day** of daycare while boarding (Monday - Friday for an additional **\$10/day**).
Dates for Daycare (please circle): Every Day or These Dates: _____
 - **Half Day** of daycare while boarding (Monday - Friday for an additional **\$8/day**).
Dates for Daycare (please circle): Every Day or These Dates: _____

Grooming

- My pet(s) need to be **groomed** during their stay. **Date for groom** _____ / _____
 - Bath only
 - Bath with nail trim, ear cleaning, and anal gland expression
 - Haircut with bath. (Includes nail trim, ear cleaning, and anal gland expression)
- Instructions for groomers: _____

I understand that all dogs' and cats' vaccinations must be current before boarding. If vaccinations are not current Grace A. H. will administer the required vaccinations and I will be responsible for charges.

Signature: _____ Date: _____

Emergency and Illness Release Authorization

If my pet is sick and/or has an emergency illness and I cannot be reached at the above phone number and/or email, I hereby give my permission to treat as medically needed.

Signature: _____ Date: _____