



# 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: \_\_\_\_\_

<b>Dates to Board:</b>	
<b>Drop OFF:</b> _____ / _____	<b>Pick UP:</b> _____ / _____

- 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: \_\_\_\_\_