



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 \$4/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 - Dogs Only **not included in boarding price**

- 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 **not included in boarding price**

- 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

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: _____