

Grace Animal Hospital

668 S. Main
Memphis, TN 38103
901-685-8205

J.D. Williams D.V.M

Boarding Release Authorization

Owner's Name _____

Pet's Name _____

Home # _____

Cell/Work _____

Dates to Board:
From: _____

To: _____

Bath only (YES) (NO) Date: _____

Bath & Groom (YES) (NO) Date: _____

Procedures to be done while boarding:

1. _____
2. _____
3. _____

Please give annual vaccinations/check fecal & heartworms. (YES) (NO)

PROOF OF VACCINATION RECORDS REQUIRED BEFORE BOARDING

(need one of the following):

1. The animal hospital's phone number that did the vaccinations
2. Receipt or medical records from the vaccinating veterinarian

I understand that all dogs' and cats' vaccinations must be current before boarding. If vaccinations are not current we will administer the required vaccinations. You will be charged for vaccinations and fecal smear to protect your pet, the other animals boarding, and our staff.

Owner's Signature _____

Date _____

Diet:

Feedings daily: 1X _____

2X _____

Free Feed: _____

Items brought: _____

Meds: _____

Emergency and Illness Release Authorization

hereby If my pet is sick and/or has an emergency illness and I cannot be reached at the above phone numbers and/or email. I

give my permission to treat as medically needed.

Signature: _____

Date: _____