



ADMISSION FORM

Client: _____ Check-In Date: _____ / _____ / _____
Month Day Year

Phone: _____ Check-Out Date: _____ Time: _____

Emergency Contact & Phone: _____

PET (1) _____ Weight: _____ Canine Feline

PET (2) _____ Weight: _____ Canine Feline

PET (3) _____ Weight: _____ Canine Feline

PET (4) _____ Weight: _____ Canine Feline

Exam

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Medication while boarding: I understand I will be charged per day/per pet to give medication Initial _____

- (1) _____
- (2) _____
- (3) _____

Special Diet

DIET INFORMATION	NAME OF FOOD	HOW MUCH?	HOW OFTEN?
Supplied by <input type="checkbox"/> Owner <input type="checkbox"/> Hosp.			
Supplied by <input type="checkbox"/> Owner <input type="checkbox"/> Hosp.			

Would you like us to send you photo and/or video updates of your pet(s) while in daycare/boarding? YES NO

We love to show-off your pets! May we post photos/videos of your pet(s) on social media outlets? YES NO

FOR OFFICE USE ONLY

Vaccines were administered at Back Bay Veterinary Hospital.

Owner has provided proof of vaccinations.

Bathing Services

	1	2	3	4
Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Services

	1	2	3	4
Dematt/Shave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flea Prev.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAT Vaccinations

	1	2	3	4
Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FVRCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOG Vaccinations

	1	2	3	4
Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parvo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bordetella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>