



# 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	Other Services	CAT Vaccinations	DOG Vaccinations																																
Bath <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dematt/Shave <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
	Nails <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FVRCP <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHPP <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
	Anal <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parvo <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
	Ears <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabies <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bordetella <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
	Flea Prev. <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Rabies <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
			Fecal <table style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
1	2	3	4																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																