



40 Recreation Park Drive  
Hingham, Ma 02043  
781-749-2800  
www.oldderbyah.com

Check-In Date: \_\_\_\_\_

Check-Out Date: \_\_\_\_\_  
 AM  PM

Owner's Name:

Guest's Name:

Breed:

Gender:

Color:

Birth Date/Age:

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**Care Instructions**

Will your pet need medications while boarding?\*

Yes

No

**Medication**

**Dosage**

**Administration Instructions**

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**\* There will be a fee of \$5 per day for guests needing oral medications.**

**Diet** (If other than house diet)

**Type of Food**

**Amount**

**Number of times given per day**

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**To be filled out by Kennel Attendant:**

Description of items left with pet:

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**Special Services while Boarding:**

Please indicate how many sessions of the following services you would like.

| <b>A La Carte Services-Canines</b>                                       | Price | Daily | Every Other Day | Once | Twice | Other: |
|--|-------|-------|-----------------|------|-------|--------|
| Social Spaniel-Afternoon Romp with like canines                          | \$12  |       |                 |      |       |        |
| Nature Walk  | \$12  |       |                 |      |       |        |
| Extra Cuddle Time with kennel attendant                                  | \$12  |       |                 |      |       |        |
| Extra Play Time with kennel attendant                                    | \$12  |       |                 |      |       |        |
| Pet-a-cure nail trim   | \$23  |       |                 |      |       |        |
| Brushing session with kennel attendant                                   | \$14  |       |                 |      |       |        |
| Anal Glands  | \$24  |       |                 |      |       |        |
| Ear Cleaning (Non-Medical)   | \$15  |       |                 |      |       |        |
| Frosty paw doggie ice cream treat  | \$5   |       |                 |      |       |        |
| <b>Canine Packages</b>   |       |       |                 |      |       |        |
| <b>Puppy/Senior Package</b>  | \$17  |       |                 |      |       |        |
| 3 extra relief sessions per day  |       |       |                 |      |       |        |
| <b>Pampered Pooh</b>   | \$39  |       |                 |      |       |        |
| Quick bath session & nail trim w/ boarding staff                         |       |       |                 |      |       |        |
| <b>Retriever Retreat</b>   | \$30  |       |                 |      |       |        |
| Two nature walks and extra cuddle or play time with kennel attendant     |       |       |                 |      |       |        |
| <b><i>ASK ABOUT OUR PROFESSIONAL GROOMING SERVICES NOW AVAILABLE</i></b> |       |       |                 |      |       |        |

| <b>A La Carte Services-Felines</b>      | Price | Daily | Every Other Day | Once | Twice | Other: |
|---|-------|-------|-----------------|------|-------|--------|
| Cat Conservatory (play room)            | \$5   |       |                 |      |       |        |
| Extra Cuddle Time with kennel attendant | \$12  |       |                 |      |       |        |
| Pet-a-cure nail trim                    | \$23  |       |                 |      |       |        |
| Brushing session with kennel attendant  | \$14  |       |                 |      |       |        |
| Ear Cleaning (Non-Medical)              | \$15  |       |                 |      |       |        |



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**GENERAL BOARDING REQUIREMENTS:**

All guests staying at the Inn at Old Derby must have sound dispositions and be well socialized as to minimize the risk of physical injury to the attending kennel staff and/or other guests. Due to the high demand for boarding, we must ask that you adhere to our cancellation policy. We require a credit card number to hold all reservations. If you cancel less than one week's notice, we will charge you for 50% of the original reservation.

**VACCINATION REQUIREMENTS**

Rabies, Distemper, and Bordetella (Kennel Cough, for canines only) vaccinations must be up to date and recorded prior to stay. Overdue vaccinations must be administered at least ten days prior to stay.

**FLEA POLICY:**

Upon arrival at the Inn, the guests will be checked for fleas. If a pet has live fleas or flea dirt, they will be given oral and topical flea treatment at the owner's expense as a condition of entering the Inn.

**PARASITES:**

A negative stool sample is required to board at the Inn within the past year. This is for the safety of all the pets staying at the Inn at Old Derby.

**MEDICAL/ILLNESS POLICY:**

If your pet becomes ill while boarding, as determined by the trained staff at the Inn at Old Derby, he/she will be examined by a staff veterinarian. The owner will be responsible for any necessary treatment costs. Every effort will be made to contact the owner, if deemed necessary by the attending veterinarian.

**SOCIAL SPANIEL CONSENT:**

I understand that by requesting Social Spaniel services, my dog(s) are encouraged to socialize and exercise with other dogs and injury may be a result of such interaction, socialization and play. I agree to assume the risks and hazards that might reasonably be expected to arise from such types of "playgroup". **Initial Here** \_\_\_\_\_

**BOARDING CONSENT:**

I have read and understand the above listed requirements. I acknowledge that the Inn at Old Derby is not staffed 24 hours a day. I understand that reasonable precaution will be used against injury, escape or death of this pet. The Inn at Old Derby, Old Derby Animal Hospital and its staff will not be held liable for problems that develop provided reasonable care and precautions are followed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner or agent*

**Preferred form of contact on vacation, (please circle one):**      **Phone Call**      **Email**

**Emergency Contact Name & Phone #:** \_\_\_\_\_

**If you or your emergency contact has access to your E-mail while away please include:**

\_\_\_\_\_

If your pet is to be picked up by someone other than the owner, arrangements regarding the bill must be made in advance with the kennel staff.

Name of person authorized to pick pet up: \_\_\_\_\_ Phone number: \_\_\_\_\_

**To Be Completed by Kennel Staff**

Admitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Weight: \_\_\_\_\_  Comb \_\_\_\_\_