## BRUNO'S GUEST QUESTIONNAIRE

PARENT INFORMATION	
Name(s):	Home Phone:
Address:	Work Phone:
City:	
State: Zip:	Email:
How did you hear about us?	
,	
EMERGENCY INFORMATION	
Veterinary:	Please Note: In case of emergency, we always try
Address:	to contact the CLIENT first, whenever possible.
City/State:	Emergency Contact:
Zip: Phone:	Contact Phone #:
PET INFORMATION	
Name:	Breed:
Color: M/F:	Spayed/Neutered: Weight: DOB:
	cination: Date of Bordatella Vaccination:
PET PROFILE:	
Has this dog ever bitten or attacked another dog and/or person? If so, please explain:	
Has this dog ever <b>jumped over or dug under a fence</b> ? If so, please explain:	
Does your dog play well with other dogs? If no, please explain:	
PET IN	FORMATION
Name: Breed:	
	Spayed/Neutered: Weight: DOB:
Date of Rabies Vaccination: Date of DHLPPC Vaccination: Date of Bordatella Vaccination: PET PROFILE:	
Has this dog ever bitten or attacked another dog and/or person? If so, please explain:	
Has this dog ever jumped over or dug under a fence? If so, please explain:	
Does your dog play well with other dogs? If no, please explain:	
AGREEMENT	
I understand that my dog(s) will have close contact with other dogs during their stay at Bruno's Bath House, Dog	
Spaw & Resort. I understand that Bruno's Bath House will not admit dogs into the play areas that display	
aggressive behavior. However, if a dog acts out of character or unpredictably and my dog is injured I agree $not$ to	
hold Bruno's Bath House, LLC, or their agents, or staff liable in any way for these unforseen acts.	
	OW, FOLLOWED BY YOUR SIGNATURE AND DATE:
I DO GIVE permission for my dog(s) to socialize with other dogs at Bruno's Bath House.	
I DO NOT GIVE permission for my dog(s) to socialize with other dogs at Bruno's Bath House.	
Signature:	Date: