

Welcome!

2818 Breckenridge Industrial Ct., Saint Louis, MO 63144 (314) 961-3911 www.bauserhaus.com

If possible, please print out and complete these documents and bring them with you to your initial orientation or feel free to scan and email them to info@bauserhaus.com. Thank you!

Owner Information First Name: _____ Last Name: ____ Spouse/Partner First Name: ______ Last Name: _____ City, State, Zip: Home Phone: _____ Cell Phone: _____ Email: _____ How did you find us? _____ How would you prefer we contact you: **Emergency Contact** First Name: Last Name: Phone Number(s): _____ Authorized People to Pick Up My Dog(s) Name: _____Phone: ____ _____Phone: _____ Code word for pickups (Optional): Dog Information (Please Complete For Each Dog In Household) Dog's Name: ______Gender (Please Circle One): Female / Male Dog's Breed: _____ Color / Markings: ____ Please Circle One: Spayed / Neutered / Unaltered Dog's Age/Birthday: _____ How Long Have You Had Your Dog? _____ Where Did You Get Him/Her _____ My Dog's Brother / Sister's Information: Dog's Name: _____ Gender (Please Circle One): Female / Male Dog's Breed: _____ Color / Markings: ____

Please Circle One: Spayed / Neutered / Unaltered Dog's Age/Birthday: _____

How Long Have You Had Your Dog?	Where Did You Get Him/Her?
Veterinary Information	
Vet Clinic Name:	Primary Veterinarian:
Address:	Phone Number:
City, State, Zip:	
Is your dog(s) current on all vaccinations? (Please Circle One) Yes / No / I'm not sure
Medical Information	
Does your dog have any pre-existing medic If yes, please explain condition(s):	cal conditions (ex: injuries, arthritis, bad hips, allergies): Yes / No
ls your dog on any medications: Yes / No If yes, please explain:	
Does your dog have food allergies: Yes / No	Is your dog allowed treats: Yes / No
Dog's Behavioral Information	
Has your dog attended obedience training If yes, where did he / she attend:	/ classes (Please Circle One): Yes / No
Has your dog attended daycare before (Ple If yes, where:	ease Circle One): Yes / No
How often does your dog interact with othe	r dogs (dog parks, play dates, daycare):
ls your dog crate trained (Please Circle One	e): Yes / No / Not Sure
Does your dog have accidents indoors (Plea If yes, how often:	
Has your dog ever been involved in a dog fi If yes, when did this altercation occur and c	ight / altercation (Please Circle One): Yes / No can you briefly describe the event:
How would you rate your dog's dominance (Submissive) 1 2 3 4 5 (Highly Doi	
Has your dog ever bitten a human (Please C If yes, can you briefly describe the incident:	·
Is your dog possessive of any type of food/ t If yes, can you explain:	
	ve should be aware of (ex: fence jumping, escape artist, extreme

I understand that before my do	ı(s) can pla	v or board	at BauserHaus	. the followina r	eavirements :	must be met:
--------------------------------	--------------	------------	---------------	-------------------	---------------	--------------

- My dog must complete a socialization orientation day to ensure he /she is not aggressive towards unfamiliar people or other dogs
- My dog's complete veterinary records must be furnished to BauserHaus including rabies, distemper (DHLP) and bordetella vaccinations
- I must provide this completed client information sheet and signed liability waiver

Signature:	Date: