



Sit Means Sit Dog Training
1625 County Highway 10 NE, Suite A
Spring Lake Park, MN 55432
Phone: 763-913-8546

General Information

HOURS OF OPERATION

Our days and hours for daycare are Monday through Friday from 7:00 am to 5:00 pm. Sit Means Sit is not an overnight facility. Daycare and office staff go off duty at 5:00 pm. There is a \$1.00 per minute charge for any dog left after 5:00 pm unless prior arrangements have been made.

FEE SCHEDULE

FEES are based on a prepaid pass plan. Multiple-day passes are valid for 1 month from the date of purchase. Our fee schedule is as follows:

Half Day Ticket	\$15.00
One Day Ticket	\$20.00
Five Day Ticket	\$90.00
Five ½ Day Ticket	\$70.00
2 nd Dog Discount	\$5.00-Full Day or, \$2.50 for a ½ Day

There is a one-time, non-refundable administrative fee of \$10.00 for each dog.

RESERVATIONS

For the safety and enjoyment of your dog, attendance is limited, therefore, **RESERVATIONS** are required. Preference will be given to dogs with standing reservations. Cancellations with less than 24 hours notice will be charged full fees.



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Sit Means Sit Dog Profile

CUSTOMER INFORMATION

Name _____ Cell/Home Phone _____
Street Address _____ Work Phone _____
City _____ State _____ Zip _____ Email _____
Emergency Contact _____ Emergency Contact Number _____

DOG INFORMATION

Name _____ Gender M F Name _____ Gender M F
Breed _____ Fixed Y N Breed _____ Fixed Y N
Age _____ Microchip Y N # _____ Age _____ Microchip Y N # _____
Weight _____ Color _____ Weight _____ Color _____

VET MEDICAL INFORMATION

Most recent vaccination (provide proof):
Rabies _____ Bordatella _____
DHHP (Distemper/Parvo) _____
Vet Clinic _____ Doctor _____
City _____ State _____ Zip _____
Vet Phone _____
Medications _____
Allergies/Ailments _____
Surgeries _____

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GENERAL INFORMATION

Has your dog ever been in daycare before? YES _____ NO _____
If yes, where? _____ Is your dog crate trained? YES _____ NO _____
How did you hear about Sit Means Sit? _____
Where did you get your dog? _____
If adopted, do you have any knowledge of your dog's past history? YES _____ NO _____
If yes, please describe: _____
Does your dog like children? YES _____ NO _____
How does your dog act around children? _____
Are there any other animals in your household? YES _____ NO _____ If yes, please list:
Species/Breed Name Male/Female Spayed/Neutered Age

How does your dog get along with other housemates? _____





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HEALTH/GROOMING

Is your dog taking any medications? YES ___ NO ___ Please list _____

Does your dog have allergies? YES ___ NO ___ Please list _____

Does your dog have hip dysplasia? YES ___ NO ___ Do they have restrictions? _____

Does your dog have any other disabling conditions? YES ___ NO ___ Please list _____

Does your dog have any sensitive areas on their body? YES ___ NO ___ Please list _____

Where is/are your dogs favorite petting spots? _____

BEHAVIOR

Does your dog act afraid of any specific items or noises? YES ___ NO ___ Please list _____

Has your dog ever jumped/climbed over a fence? YES ___ NO ___ How high? _____

Are there any kinds of dogs your dog dislikes or fears? YES ___ NO ___

Please explain _____

How does your dog react to puppies? _____

Has your dog ever growled at a person? YES ___ NO ___ What happened? _____

Has your dog ever growled/snapped at anyone who has taken their food/water/toy away? YES ___ NO ___

Please explain _____

Does your dog play with any toys? YES ___ NO ___ Please list _____

What kind of games does your dog play with people? YES ___ NO ___ Please list _____

Does your dog play with other dogs? YES ___ NO ___

What kind of games do they play with other dogs? _____



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BEHAVIOR CONTINUED

Has your dog ever had any formal obedience training? YES ___ NO ___ Where? _____

What commands does your dog know? _____

Does your dog have a bathroom command? YES ___ NO ___ What is it? _____

Does your dog have a quiet command? YES ___ NO ___ What is it? _____

FOOD

Is your dog allowed to have treats? YES ___ NO ___

Name any treats your dog may **NOT** have _____

Does your dog have food allergies? YES ___ NO ___ What foods? _____

Any other information that would be helpful _____





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Authorization for Emergency Medical Treatment

The undersigned Owner, of the animal named _____ hereby authorizes a licensed veterinarian, and whoever may be designated as assistants, to administer such treatments and to perform such procedures as are considered therapeutically or diagnostically necessary for the care of my animal, including the administration of anesthesia.

In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of the patient until I can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above named patient, and I understand that payment in full is due upon release of the patient from the veterinary hospital, or when service is otherwise terminated. I understand that I am entitled to a written estimate of charged at my request.

I certify that I have read and fully understand this authorization for emergency medical treatment, the reasons why such treatment is considered necessary, as well as the advantages and possible complications.

I hereby release Sit Means Sit and all staff from any and all claims arising out of such an emergency situation.

I certify that I have read and understand the terms and conditions stated in this agreement, and acknowledge that this agreement shall be effective and binding upon the parties.

Owners signature

Date

Print Name



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Emergency Contact Information

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Name _____ Cell/Home Phone _____
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City _____ State _____ Zip _____ Email _____

PET INFORMATION

Name _____ Breed _____ Gender _____
Age _____ Weight _____ Color _____

EMERGENCY CONTACT

Name _____ Phone(s) _____

Who, besides yourself is authorized to pick-up your dog(s)?

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please choose a password that only you and those authorized to pick-up your dog(s) will know _____

VETERINARIAN INFORMATION

Name _____ Phone _____

Address _____