

demonstrations to you and your staff.

Owner's Name:

Central Texas' Off-Leash Experts www.SitMeansSit.com



(254) 541-3343 OFFICE (512) 532-0870 FAX

Dog: ______, is a patient of yours and will be participating in our training and/or boarding

Veterinary Medical Records Form

| participate in a training program. I | irmation that this pet is up to date on immur Required Vaccinations include: Rabies, Parv de a copy of these records in addition to this | vo/Distemper and Bordatella (if the dog is |
|--------------------------------------|--|--|
| animal has no known health prob | mal is my patient and is current on all requiplems, chronic physical conditions or injurboarding program. Young dogs will be list | ries which would prevent this pet from |
| -OR- | | |
| | inary visit to update vaccinations, confirm the following vaccinations: | _ - • |
| Veterinarian's signature: | Date: | |
| Please attach | the business card of your veter | inary clinic below. |
| | | |
| | | |
| | | |
| your cooperation in our efforts to | TERINARY OFFICE AND STAFF! Sittrain healthy dogs and educate their owners our staff should have any recommendation his form. | s about maintaining the highest standards |
| • | veterinary office or clinic is currently accellients who do not currently have a local ve | 1 0 1 |
| few business cards with this respon | ase we would be happy to recommend your | office. |

This form can be: 1) Given to the owner to turn in to us, 2) mailed into our office at 1027 W Hwy 190, Belton, TX 76513, or 3) Faxed in to our office at 512-532-0870 Last Updated 5-4-2016

Thank you. We can be reached at (254) 541-3343 or CentralTexas@SitMeansSit.com

At Sit Means Sit, our staff of certified professional trainers is always available to answer your questions and provide