

Madison's Off-Leash Experts

## www.SitMeansSitMadison.com

608-561-3647

Owner's Name:

## **Veterinary Medical Records Form**

Dog:	is a nation of yours and will be narticinating in our training and/o	or boarding
participate in a training program. Requ	, is a patient of yours and will be participating in our training and/o ation that this pet is up to date on immunizations and is in good physica uired Vaccinations include: Rabies, Parvo/Distemper and Bordatella (if a copy of these records in addition to this form***.	
animal has no known health problen	is my patient and is current on all required vaccines. Furthermore, I but has, chronic physical conditions or injuries which would prevent this rding program. Young dogs will be limited on exposure until all values.	s pet from
-OR-		
	ry visit to update vaccinations, confirm the health and/or its currer following vaccinations:	1 2
Veterinarian's signature:	Date:	
Please attach th	e business card of your veterinary clinic below.	
your cooperation in our efforts to train	RINARY OFFICE AND STAFF! Sit Means Sit would like to that in healthy dogs and educate their owners about maintaining the highest staff should have any recommendations or comments, please call us	t standards

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

to be a referral source for you for clients who do not currently have a local veterinarian. If you would like to include a

Please indicate here if your veterinary office or clinic is currently accepting new patients. We would be happy

Thank you. We can be reached at 608-561-3647 or Madison@SitMeansSit.com

few business cards with this response we would be happy to recommend your office.