

AGENDA

PLAN COMMISSION MEETING

Thursday – September 25, 2014 – 7:00 pm

Jackson Village Hall

N168W20733 Main St

Jackson, WI 53037

1. Call to Order & Roll Call.
2. Minutes – August 28, 2014, Plan Commission Meeting.
3. Concept Plan – Construction of Coffeehouse/Café- Main Street.
4. Conditional Use – Jamie Murray, English Oaks – Request for 3 dogs.
5. Citizens to address the Plan Commission.
6. Adjourn.

Persons with disabilities requiring special accommodations for attendance at the meeting should contact the Village Hall at least one (1) business day prior to the meeting.

It is possible that members of the Village Board may attend the above meeting. No action will be taken by any governmental body at this meeting other than the governmental body specifically referred to in this meeting notice. This notice is given so that members of the Village Board may attend the meeting without violating the open meeting law.

**DRAFT MINUTES
PLAN COMMISSION MEETING
Thursday – August 28, 2014 – 7:00 p.m.
Jackson Village Hall
N168W20733 Main St
Jackson, WI 53037**

1. Call to Order & Roll Call.

Tr. Lippold called the meeting to order at 7:00 p.m.

Members present: Peter Habel, Steve Schoen, and Tr. Kruepke.

Members Excused: Chairperson Wendy Kannenberg, Jeff Dalton, and Doug Alfke.

Staff present: John Walther.

2. Minutes – July 31, 2014, Plan Commission Meeting.

Motion by Peter Habel, second by Steve Schoen to approve the minutes of the July 31, 2014, Plan Commission meeting.

Vote: 4 ayes, 0 nays. Motion carried unanimously.

3. Planned Unit Development – Construction of Oversized Garage, English Oaks Drive.

Motion by Peter Habel, second by Tr. Kruepke to recommend the Village Board Approve the Planned Unit Development – Construction of Oversized Garage, English Oaks Drive per Staff Comments. Nick Stortz was in attendance and had received staff comments.

Vote: 4 ayes, 0 nays. Motion carried unanimously.

4. Citizens to address the Plan Commission.

None.

5. Adjourn.

Motion by Peter Habel, second by Tr. Steve Schoen to adjourn at 7:02 p.m.

Vote: 4 ayes, 0 nays. Motion carried unanimously.

Respectfully submitted by Deanna L. Boldrey – Clerk - Treasurer

VILLAGE OF JACKSON DEVELOPMENT APPLICATION FORM
 (Due 1st Friday of the month for that month's Planning Commission Meeting)

Name of Applicant Jack P. Kulwikowski
 Contact Jack P. Kulwikowski Address/ZIP N168 W 20101 Main St. Jackson Phone # 414 813 5522
 E-mail Address jph3342@me.com Fax # where Agenda/Staff comments are to be faxed _____
 Name of Owner Jack P. Kulwikowski Address/ZIP N168 W 20101 Main St. Jackson Phone# 414 813 5522
 Owner Representative/Developer _____
 Proposed Use of Site Coffeehouse/Cafe Present Zoning PUD

ACTION REQUESTED	FEE	SUBMITTAL REQUIREMENTS	TYPE OF INFORMATION DESCRIBED (See page 5)	PAPER COPIES	CD
X CONCEPT PLAN	\$50	1,2,6,13	1) Complete Application (all pages) 2) Describe what you intend to do (paragraph)		XXX XXX
CONDITIONAL USE	\$150	1,2,3,4,5,6,7,14,15,16,18,19,20	3) Address Labels of adjacent owners to be notified (500' / 200') 4) Owner acknowledgement of the request	labels 1	
PLANNED UNIT DEVELOPMENT	\$150	1,2,3,4,5,6,7,8,9,10,14,15,16,17,18,20	5) Impact Statement 6) Location Map		XXX XXX
REZONING	\$200	1,2,(3),4,6,9 or 10 (500' for rezoning 200' for Cond. Use or PUD Site Plan)	7) Development Plan / Site Plan 8) Preliminary Plat		XXX XXX
CERTIFIED SURVEY MAP (CSM)	\$150	1,2,6,10,20	9) Final Plat 10) Certified survey Map		XXX XXX
MINOR SUBDIVISION	\$150	1,2,3,5,6,10,15,16,17,18,20	11) Annexation Petition 12) Annexation Map	1	XXX XXX
Extra-territorial Plat or CSM	\$150	1,2,6,9 / 10	13) Sketch Plan 14) Landscape Plan	4 (24x36)	XXX XXX
Extra-territorial Plat outside Sanitary Service Area	\$50	1,2,6,9 / 10	Engineering Review - Infrastructure		XXX
			15) Grading/Drainage Plan	4 (24x36)	XXX
PRELIMINARY PLAT	\$300	1,2,3,5,6,9,15,16,17,18	16) Water / Sewer / Storm Sewer Plans 17) Street / Right of Way cross sections	4 (24x36) 4 (24x36)	XXX XXX
FINAL PLAT / Final Plat Reappl..	\$100	1,2,3,5,6,9,15,16,17,18,20	18) Erosion Control Plan	4 (24x36)	XXX
ANNEXATION / ATTACHMENT	\$200	1,2,3,4,5,6,11,12,21	19) Proposed colors / materials 20) Developers Agreement		XXX XXX
STREET EASEMENT/ VACATION	\$150	1,2,3,4,6,9	21) Annexation Agreement (includes pre-annex agreements) 22) other -		XXX XXX
VARIANCE	\$150	1,2,3,4,6,7			

I certify the information and exhibits submitted are true and correct to the best of my knowledge, and that in filing this application I am acting with knowledge and consent of those persons listed above and owner(s) without whose consent the requested action cannot be lawfully acted upon.

Name Jack P. Kulwikowski Signature [Signature] Date 09/03/2014

Office Use: Date Received _____ Date Paid _____ Receipt # _____ Amount Paid \$ _____

VILLAGE OF JACKSON

Special Use Conditional Use Planned Unit Development Permit # _____

The Village of Jackson, hereby grants a Special Use Conditional Use Planned Unit Development

Permit to:

Name of Business/Applicant: Coffeeville Company LLC Jack P. Kulwikowski

For a property located at (address): N168 W20101 Main St. Jackson Wi 53037

Phone number of Business/Applicant: 414 813 5522

For (land use, activity, sign, site plan, other): Coffeehouse/Cafe
Concept Approval

Impact Mitigation (noise, smoke, dust, odors, etc. affecting adjacent properties): None

Hours of Operation: 6 am - 7 pm

Comprehensive/Master Plan Compatibility: yes

Building Materials (type, color): to follow

Setbacks from rights-of-way and property lines: Current building with addition to rear

Screening/Buffering: Large oak trees along the driveway remain

Landscape Plan (sizes, species, location): to follow

Signing (dimensions, colors, lighting, location): to follow

Lighting (wattage, style, pole location and height, coverage): to follow

Traffic flow, pedestrian circulation (curb to street width), (parking one/both/neither side(s)), (sidewalk/pedestrian way width and material): to follow

Storm-water Management: to be determined

Erosion Control: to follow

Fire Hydrant Location(s): current

Knox Box, Posting Site (No Trespass signing), Emergency Telephone #'s: Jack P. Kulwikowski 414 813 5522

Hazardous Material Storage: N/A

Alarm Systems: to follow

Site Features/Constraints: rear garage to be removed and replaced with parking lot

Parking (no. of spaces, handicapped parking, and dimensions): to follow

Tree and shrub preservation: oak trees west lot line, trees and shrubs along east lot line

Setbacks/height limitations: current

Wastewater Usage Projected: min gal/year

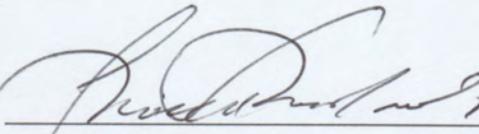
Water Usage Projected: min gal/year

Duration and Review of Conditional Use (expiration, when reviewed: upon complaint, specified period):
concept review, full submittals to follow

TERMS OF THIS PERMIT

1. This permit shall become effective upon the execution and recording by the owners of the premises of an acceptance hereof in such form as to constitute an effective covenant running with the land.
2. The permit shall be void unless: (a) pursuant to the Building and Zoning Codes of the Village, the approved use is commenced or (b) the building permit is obtained within 12 months of the date of Village Board approval.
3. The permit is subject to amendment and termination in accordance with the provisions of the Zoning Code of the Village of Jackson.
4. Construction and operation of the use permit shall be in strict conformity to the approval site, building, and operation plans which were filed in connection with the application for this permit (as attached and /or referenced).
5. Any of the conditions of this permit which would normally be the responsibility of the tenants of the premises, shall be made a part of their lease by the owner.

Granted by: Village Board _____ Date _____ Over the Counter _____ Date _____



Steve P. Kukulski, Owner
Please print name

John M. Walther, Administrator

Applications shall be submitted by 4:00 PM of the first Friday of the month to be considered by the Planning Commission that month. In some cases, more than the number of copies on the face of this form will be required. Only complete applications shall be presented to the Planning Commission and the Village Board for action. Applications submitted without a pre-submittal conference risk delay by being incomplete.

The Planning Commission meets on the last Thursday of each month unless there is a conflict with a holiday. The Village Board meets on the second Tuesday of each month, and will conduct a public hearing. A decision on the request could be made at that meeting.

EXPLANATION OF TYPES OF INFORMATION (from face of application form):

1. **Application Form: Must be submitted on CD.**
2. Letter of Intent: What you are requesting in your own words. (Be brief)
3. Mailing Labels: It is your responsibility to provide the Village with current owner addresses. If mailed notification is required for your application, an incorrect address may cause you a delay.
4. Proof of Property Ownership: a copy of a deed, tax notice, title insurance policy (first page), recorded plat, etc.
5. Impact Statement: In general, the following points represent most of the topics to be addressed in the impact statement. Specific points will be designated at the pre-submittal conference by staff.
 - A. Annual water consumption estimate (100% occupancy and build-out)
 - B. Annual sewage generation estimate (100% occupancy and build-out)
 - C. Vehicle trip generation (trips per day per unit x number of units)
 - D. Estimated numbers of vehicles and recreational vehicles to be stored and/or parked on site.
 - E. Proposed sign(s) (advertising business, industry, dwelling unit)
 - F. General hours of operation
 - G. Anticipated User profiles (for residential developments)
 - H. Proposed dates of construction and completion
 - I. Unusual conditions which warrant special attention (hazardous materials storage, fire hazards, odors, noise generation, etc.)
6. Location Map: Show where the site is relative to a Village map.
7. Development Plan: Shows entire proposal on the site. Includes edge of pavement and/or back of curb line, sidewalks (existing and proposed), footprints of the structure, drives, parking spaces and fencing, locations of accessory uses, dimensions, etc. Landscape plans and Water/Sewer/Storm plans may be shown combined on this plan if the composition is easily read and understood.
- 8/9. Plat Map: Prints of the preliminary and final (recordable plat), with proper signature blocks.
10. Certified Survey Map: A recordable instrument showing the legal and mapped description of the land division.
11. Annexation Petition/Attachment Request: Shows owner is supporting the annexation.
12. Annexation Map: A recordable map having the legal and mapped description of the parcel to be annexed.
13. Sketch Plan: An informal drawing depicting the proposal for discussion purposes.
14. Landscape Plan: Shows location, size, type, botanical name, and common name of proposed trees and shrubs. Also calls out surface treatments. Shows walls, fences, and details.
15. Grading/Drainage Plan: Shows original and proposed grades and runoff calculations based on a 10-year storm. Is usually combined with a Storm Sewer Plan (storm sewer system, ditches, culverts, etc.)
16. Water/Sewer/Storm Sewer Plans: Shows size and location of proposed water mains and fire hydrants; size and location of the proposed sanitary sewer collection system with gradient profiles and invert elevations; shows the proposed storm drainage system as in 15.
17. Street Cross-Sections: Section shows curb, gutter, paving, and sidewalk relative to the right-of-way width.
18. Erosion Control Plan: A map of existing site conditions on a scale of at least 1 inch equals 100 feet showing the site, boundaries and immediately adjacent areas which accurately identify site locations.
19. Proposed Colors and Materials: Submit samples of exterior colors and materials.
20. Improvement Agreement: An agreement between the developer and the Village determining park dedications and the responsibilities for street, water, sewer, and the storm sewer improvements and extensions.
21. Annexation Agreement.

**MEETINGS AT WHICH THE REQUEST IS BEING HEARD SHOULD BE ATTENDED
BY THE APPLICANT OR A REPRESENTATIVE IN ORDER TO RESPOND TO
QUESTIONS AND AVOID DELAYS IN THE APPROVAL PROCESS.**

Coffeeville Company

Concept Rendering / Intentions Presented to Village of Jackson

September 3, 2014

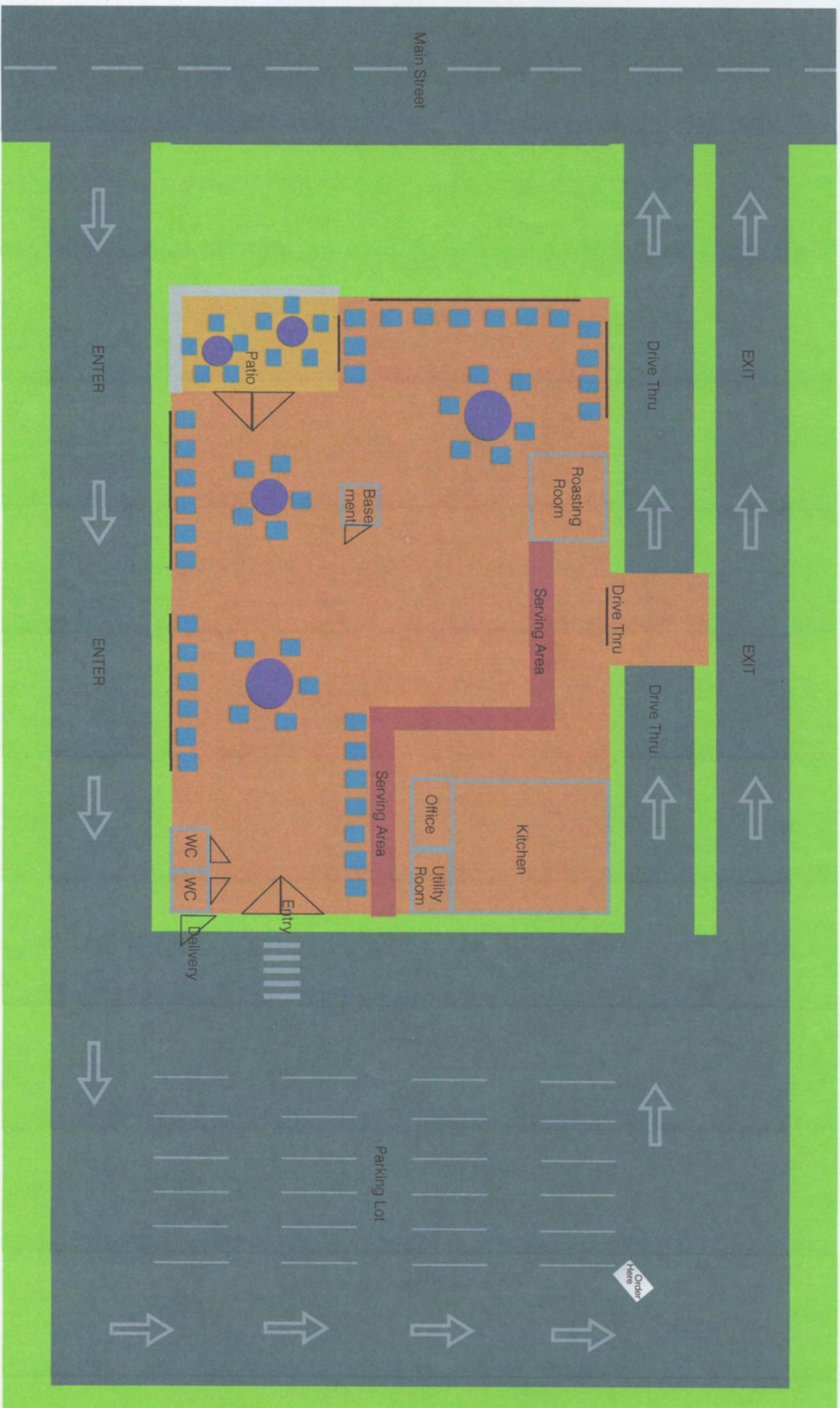
Intention: Coffeeville Company intends to provide a convenient and casual, yet sophisticated sensory experience for the citizens of Jackson and surrounding areas. We will accomplish this mission through the following: optimal location, unique offerings, and ambient setting. The Coffeeville Company will also encourage a greater sense of community and bolster local economy in Jackson.

Optimal Location: Keeping many of the beautiful old trees, Coffeeville Company will renovate an 1860 farm house located on Main Street (WI Highway 60), at the heart of Village of Jackson. Old-fashioned lighting will be utilized to feature the new business and highlight a predominate landmark for Village of Jackson. Residents of Jackson and surrounding areas will love the convenient location and the covered drive through option. The facility will offer seating for approximately 40 patrons and outdoor patio seating for an additional 15 patrons.

Unique Offerings: In addition to quality coffee and deserts, the Coffeeville Company will offer distinctive comfort foods at affordable prices. Patrons may choose from delectable one of a kind subs or a variety of Polish lunch specials. The specialty foods, based upon the owner's secret family recipes, will impart a sense of comfort and provide patrons with an adventurous departure from the typical offerings found at traditional coffee houses and fast food restaurants.

Ambient Setting: Coffeeville Company endeavors to provide a sophisticated, charming, sensual, yet casual experience not currently available to the residents of Village of Jackson. The alluring marriage between the historic 1860 farm house and the modern coffee house will result in a one of a kind destination of choice for both locals and visitors.

Community and Economy: Coffeeville Company will provide a wholesome venue for residents to meet friends, family, co-workers, and out of town visitors. Our business plan projects to generate more than 12 new jobs. The nature of the business will also boost local economy by attracting patrons who in turn may support local businesses.







VILLAGE OF JACKSON DEVELOPMENT APPLICATION FORM
 (Due 1st Friday of the month for that month's Planning Commission Meeting)

RECEIVED
 SEP 12 2014

Name of Applicant Jamie Murray BY: _____
 Contact Jamie Murray Address/ZIP W195 N17292 English Oaks Dr. Phone # 262-345-2261
 E-mail Address Jamie LH Murray@gmail.com Fax # where Agenda/Staff comments are to be faxed _____
 Name of Owner Jamie & Joe Murray Address/ZIP W195 N17292 English Oaks Dr. Phone# 262-345-2261
 Owner Representative/Developer Jamie & Joe Murray
 Proposed Use of Site W195 N17292 English Oaks Dr. Present Zoning Residential

ACTION REQUESTED	FEE	SUBMITTAL REQUIREMENTS	TYPE OF INFORMATION DESCRIBED (See page 5)	PAPER COPIES	CD
CONCEPT PLAN	\$50	1,2,6,13	1) Complete Application (all pages)		XXX
CONDITIONAL USE	\$150	1,2,3,4,5,6,7,14,15,16,18,19,20	2) Describe what you intend to do (paragraph)		XXX
			3) Address Labels of adjacent owners to be notified (500' / 200')	labels	
PLANNED UNIT DEVELOPMENT	\$150	1,2,3,4,5,6,7,8,9,10,14,15,16,17,18,20	4) Owner acknowledgement of the request	1	
			5) Impact Statement		XXX
REZONING	\$200	1,2,(3),4,6,9 or 10 (500' for rezoning 200' for Cond. Use or PUD Site Plan)	6) Location Map		XXX
			7) Development Plan / Site Plan		XXX
CERTIFIED SURVEY MAP (CSM)	\$150	1,2,6,10,20	8) Preliminary Plat		XXX
			9) Final Plat		XXX
MINOR SUBDIVISION	\$150	1,2,3,5,6,10,15,16,17,18,20	10) Certified survey Map		XXX
			11) Annexation Petition		XXX
Extra-territorial Plat or CSM	\$150	1,2,6,9 / 10	12) Annexation Map	1	XXX
			13) Sketch Plan		XXX
Extra-territorial Plat outside Sanitary Service Area	\$50	1,2,6,9 / 10	14) Landscape Plan	4 (24x36)	XXX
			Engineering Review - Infrastructure		
PRELIMINARY PLAT	\$300	1,2,3,5,6,9,15,16,17,18	15) Grading/Drainage Plan	4 (24x36)	XXX
			16) Water / Sewer / Storm Sewer Plans	4 (24x36)	XXX
FINAL PLAT / Final Plat Reappl..	\$100	1,2,3,5,6,9,15,16,17,18,20	17) Street / Right of Way cross sections	4 (24x36)	XXX
			18) Erosion Control Plan	4 (24x36)	XXX
ANNEXATION / ATTACHMENT	\$200	1,2,3,4,5,6,11,12,21	19) Proposed colors / materials		XXX
			20) Developers Agreement		XXX
STREET EASEMENT/ VACATION	\$150	1,2,3,4,6,9	21) Annexation Agreement (includes pre-annex agreements)		XXX
			22) other -		XXX
VARIANCE	\$150	1,2,3,4,6,7			

I certify the information and exhibits submitted are true and correct to the best of my knowledge, and that in filing this application I am acting with knowledge and consent of those persons listed above and owner(s) without whose consent the requested action cannot be lawfully acted upon.

Name Jamie Murray Signature [Signature] Date 9-12-14
 Office Use: Date Received 9-12-14 Date Paid 9-12-14 Receipt # 150074 Amount Paid \$ 150.00

VILLAGE OF JACKSON

Special Use Conditional Use Planned Unit Development Permit # _____

The Village of Jackson, hereby grants a Special Use Conditional Use Planned Unit Development

Permit to:

Name of Business/Applicant: Jamie & Joe Murray

For a property located at (address): W195 N17292 English Oaks Drive

Phone number of Business/Applicant: 262-345-2261

For (land use, activity, sign, site plan, other): 3 dogs : 2 pets 1 ^{Potential} Service Dog

Impact Mitigation (noise, smoke, dust, odors, etc. affecting adjacent properties): minimal noise & odor

Hours of Operation: 24/7

Comprehensive/Master Plan Compatibility: N/A

Building Materials (type, color): N/A

Setbacks from rights-of-way and property lines: N/A

Screening/Buffering: N/A

Landscape Plan (sizes, species, location): N/A

Signing (dimensions, colors, lighting, location): N/A

Lighting (wattage, style, pole location and height, coverage): N/A

Traffic flow, pedestrian circulation (curb to street width), (parking one/both/neither side(s), (sidewalk/pedestrian width and material): N/A

Storm-water Management: N/A

Erosion Control: N/A

Fire Hydrant Location(s): N/A

Knox Box, Posting Site (No Trespass signing), Emergency Telephone #'s: N/A

Hazardous Material Storage: N/A

Alarm Systems: N/A

Site Features/Constraints: N/A

Parking (no. of spaces, handicapped parking, and dimensions): N/A

Tree and shrub preservation: N/A

Setbacks/height limitations: N/A

Wastewater Usage Projected: N/A gal/year Water Usage Projected: N/A gal/year

Duration and Review of Conditional Use (expiration, when reviewed: upon complaint, specified period):

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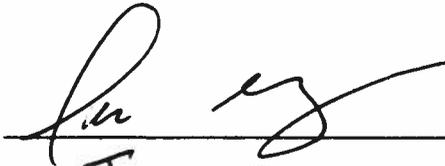
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4. Proof of Property Ownership: a copy of a deed, tax notice, title insurance policy (first page), recorded plat, etc.
5. Impact Statement: In general, the following points represent most of the topics to be addressed in the impact statement. Specific points will be designated at the pre-submittal conference by staff.
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 - I. Unusual conditions which warrant special attention (hazardous materials storage, fire hazards, odors, noise generation, etc.)
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TERMS OF THIS PERMIT

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3. The permit is subject to amendment and termination in accordance with the provisions of the Zoning Code of the Village of Jackson.
4. Construction and operation of the use permit shall be in strict conformity to the approval site, building, and operation plans which were filed in connection with the application for this permit (as attached and /or referenced).
5. Any of the conditions of this permit which would normally be the responsibility of the tenants of the premises, shall be made a part of their lease by the owner.

Granted by: Village Board _____ Date _____ Over the Counter _____ Date _____



Jamie Murray, Owner
Please print name

John M. Walther, Administrator

Impact Statement:

A. Annual Water Consumption Estimate	N/A
B. Annual Sewage Generation Estimate	N/A
C. Vehicle Trip Generation	N/A
D. Estimated Numbers of Vehicles Stored	N/A
E. Proposed Signs	N/A
F. General Hours of Operation	24/7
G. Anticipated User Profiles	Residential
H. Proposed Dates of Construction and Completion	N/A
I. Unusual Conditions which warrant Special Attention

Our 2 year old lab has developed a natural ability to sense our daughters seizures. He has started waking us up to alert us to her nocturnal episodes. We have started the long and costly road of training him to become a Working Dog (Seizure Alert Dog) for our daughter. This will enrich her life and help her in more ways than human support could do alone.

While only 20% of the dogs that enter these programs are able to be certified as a working dog, he is already providing this invaluable service for our family- and especially our daughter. He sits by her during her episodes, alerts the adults of the house to the seizure and provides our daughter comfort as she is coming out of the attack.

Attached is a timeline and break down of the training requirements for Koda (dog) and Cheyanne (daughter) as well as a letter of recommendation from their current trainer. Also included is further information in how a Seizure Alert Service Dog provides service.

Letter of Intent

We are seeking approval from the Village Board to maintain ownership of our 3 dogs. We have relocated to Wisconsin from Utah where we were allowed ownership of 3 dogs with yearly registration, licenses and kennel licensing fees. Our dogs ages are; 7 years (Schnoodle 20lbs) , 5 years (beagle 35lbs) and 2 years (English Lab 65lbs). We have had all of our dogs from 6 -8 weeks of age.

All of our dogs are:

- Friendly to all humans of any age
- Friendly to all animals
- Current on all shots
- Current or going thru basic training
- Currently licensed and microchipped
- Bonded to each member of our family (2 adults, 3 children) & each other
- Hold an important place within our family dynamic

All dogs will be kept inside, and anytime spent outside going to the bathroom or on walks will be leashed. Excrement is picked up promptly and placed in garbage bag for proper disposal. Noise level will be very minimal.

Location Map

W195N17292 English Oaks Dr, Jackson, WI 53037



Nicole Robinson, CPDT-KA
W193 N16063 Stonehedge Drive
Jackson, WI 53037
September 10, 2014

Village of Jackson City Council
N168 W20733 Main Street
Jackson, WI 53037

Dear Village of Jackson City Council:

I am writing on behalf of Mr. & Mrs. Murray regarding their family dog, Koda. It is my pleasure to currently be working with this family and Koda. I am a certified professional dog trainer with over eleven years of experience in education. Having worked with children as both an educator and now as a dog trainer, I am fully aware and awed by the beauty of the relationships developed between dog and human. In particular, the lives of many children are enriched by this unique bond.

Koda is in the process of potentially becoming a service dog for the Murray family. Their daughter, Cheyenne, has seizures and her life would be greatly improved by the benefits of a service dog. Not only do service dogs serve a practical purpose by assisting with everyday living, they can also be lifesaving. In particular, Koda can recognize when Cheyenne is having a seizure. Equally important, Koda and Cheyenne have developed a friendship. It is this unconditional, exceptional love that brings so much happiness to Cheyenne and her siblings. It also enables Cheyenne the confidence to walk in a world that can sometimes be scary and not always understanding of others. Dogs provide an unconditional love that is unmatched by human relationships.

If you feel that more information is required or you have any more questions for me, I am more than willing to address those concerns and provide more input. Please feel free to contact me. My business is *Canine Love and Logic*, and you can reach me at 414-708-9084 or dogtraining@canineloveandlogic.com.

Thank you for your time and consideration of the request of the Murray family in regards to Koda. We appreciate it very much; Koda is part of their family. These are responsible pet owners looking to continue enriching the lives of their children. I commend their efforts and am continuously inspired by my work with families and their dog companions.

Sincerely,

Nicole Robinson, CPDT-KA

STATE OF WISCONSIN
WASHINGTON COUNTY

APPLICATION/LICENSE FOR DOG

VILLAGE OF JACKSON Dog License No. 8324
leave blank

Date 8/18/2014

Name-Owner/Keeper of Dog Murray Jimmie Phone 262-345-2261
Last First

Address W195 N17292 English Oaks Dr.

Name of Dog Mischief Color Silver Breed Schnoodle

RABIES TAG NO. _____ Male \$15.00 Female \$15.00

EXP. DATE ___/___/20___ Neutered \$10.00 Spayed \$10.00

Veterinary Name Barfield

OWNER SIGNATURE: [Signature]

BY THE UNDERSIGNED, THE REQUIRED FEE OF \$ _____ HAS BEEN RECEIVED FOR THIS 20___

STATE OF WISCONSIN
WASHINGTON COUNTY

APPLICATION/LICENSE FOR DOG

VILLAGE OF JACKSON Dog License No. 8325
leave blank

Date 8/18/2014

Name-Owner/Keeper of Dog Murray Jamie Phone 262-345-2261
Last First

Address W195 N17292 English Oaks Dr.

Name of Dog Luci Color Tricolor Breed Beagle

RABIES TAG NO. _____ Male \$15.00 Female \$15.00

EXP. DATE ___/___/20___ Neutered \$10.00 Spayed \$10.00

Veterinary Name Barfield

OWNER SIGNATURE: [Signature]

BY THE UNDERSIGNED, THE REQUIRED FEE OF \$ _____ HAS BEEN RECEIVED FOR THIS 20___

STATE OF WISCONSIN
WASHINGTON COUNTY

APPLICATION/LICENSE FOR DOG

VILLAGE OF JACKSON Dog License No. 8324
leave blank

Date 8/18/2014

Name-Owner/Keeper of Dog Murray Jamie Phone 262-345-2261
Last First

Address W195 N17292 English Oaks Dr.

Name of Dog Koda Color Yellow Breed English Lab

RABIES TAG NO. _____ Male \$15.00 Female \$15.00

EXP. DATE ___/___/20___ Neutered \$10.00 Spayed \$10.00

Veterinary Name Barfield

OWNER SIGNATURE: [Signature]

BY THE UNDERSIGNED, THE REQUIRED FEE OF \$ _____ HAS BEEN RECEIVED FOR THIS 20___
DOG LICENSE ISSUED ON THE _____ DAY OF _____, 20___ () \$10.00 LATE FEE PAID.

See Back Side LICENSING OFFICIAL _____

Davis County Animal Care And Control

1422 E 600 FRUIT HEIGHTS, UT 84037

(801) 444-2200

Receipt Number: R13-005534

Receipt Date: Friday, 1

Person Information: JAMIE MURRAY

2818 W 2125 S
SYRACUSE, UT 84057

Received From: JAMIE MURRAY

Check No: 3287

Phc

Item:	Animal ID:	Reference No:	Price:	Qty
LICENSE DOG 3 ALT -	A247294	L13-L08028	\$20.00	.
LICENSE DOG 3 ALT -	A300598	L13-L08029	20.00	.
LICENSE DOG 3 ALT -	A247295	L13-L08030	20.00	.

Total Fees Due

Payments: Cash
Check
Credit Card

Total Payments Received

Thank You!

Change
Balance Due

Animal Information:

A247294 - LUCI - SPAYED, BEAGLE, TRICOLOR DOG

A247295 - MYSCHEIF - NEUTERED, POODLE MIN/MIX, GRAY DOG

A300598 - KODA - NEUTERED, LABRADOR RETR, YELLOW DOG

License Information:

Tag Number:	Expires:	Animal ID:	Vacc Date:	Term:	Vacc Expires	Type:
L13-L08028	12/20/16	A247294			12/16/13	LIC SN 3 C
L13-L08029	12/20/16	A300598	01/04/13	12	01/04/14	LIC SN 3 C
L13-L08030	12/20/16	A247295			06/15/15	LIC SN 3 C

TOTAL LICENSE I

Shelter Hours

Monday - Friday Saturday

Shelters CLOSED Sundays and Holidays

Clerk: MJOHNSON SHELTER

Transaction Date: 12/20/13

Print Date: 12/20/13

Timeline of Koda's Extensive Training

September

Once a week one on one training with Nichol to address specific beginner training needs

October- November

6 week Group Beginner Level 1 training with Nichol at Central Bark in Jackson.

November- December

6 week Group Beginner Level 2 Training with Nichol at Central Bark in Jackson.

Option 1:

January

Submit application to Can Do Canines to get Koda and Cheyanne set up with a private Trainer. Will need vet recommendation as well as specific Xrays More expenses may arise due to the nature of this training and how much Koda is able to instinctively do vs training.

Training will last up to 6 months with review classes every few months after that. This company is located in Minnesota and we may end up traveling there.

Option 2:

In current phone tag with The Teacher's Pet Dog training in Oak Creek, Wi. Will have more information at the meeting for your review.

Option 3:

Continue training at Central Bark to obtain a Canine Good Citizen Certificate .

6 week courses

- Intermediate
- Advanced
- Advanced with tricks
- Advanced to get CGCC

After Courses, I will have to locate a facility to do the Canine Good Citizen Certificate. Only about 40% of the dogs get this certification who try.

~~Current~~

Current Trainer, Oct - Dec Trainer & Option 3 Trainer

Nicole Robinson, CPDT-KA
W193 N16063 Stonehedge Drive
Jackson, WI 53037
September 10, 2014

Village of Jackson City Council
N168 W20733 Main Street
Jackson, WI 53037

Dear Village of Jackson City Council:

I am writing on behalf of Mr. & Mrs. Murray regarding their family dog, Koda. It is my pleasure to currently be working with this family and Koda. I am a certified professional dog trainer with over eleven years of experience in education. Having worked with children as both an educator and now as a dog trainer, I am fully aware and awed by the beauty of the relationships developed between dog and human. In particular, the lives of many children are enriched by this unique bond.

Koda is in the process of potentially becoming a service dog for the Murray family. Their daughter, Cheyenne, has seizures and her life would be greatly improved by the benefits of a service dog. Not only do service dogs serve a practical purpose by assisting with everyday living, they can also be lifesaving. In particular, Koda can recognize when Cheyenne is having a seizure. Equally important, Koda and Cheyenne have developed a friendship. It is this unconditional, exceptional love that brings so much happiness to Cheyenne and her siblings. It also enables Cheyenne the confidence to walk in a world that can sometimes be scary and not always understanding of others. Dogs provide an unconditional love that is unmatched by human relationships.

If you feel that more information is required or you have any more questions for me, I am more than willing to address those concerns and provide more input. Please feel free to contact me. My business is *Canine Love and Logic*, and you can reach me at 414-708-9084 or dogtraining@canineloveandlogic.com.

Thank you for your time and consideration of the request of the Murray family in regards to Koda. We appreciate it very much; Koda is part of their family. These are responsible pet owners looking to continue enriching the lives of their children. I commend their efforts and am continuously inspired by my work with families and their dog companions.

Sincerely,

Nicole Robinson, CPDT-KA

Option 3 Information

Home Behavior **Make Your Dog a Canine Good Citizen**

Behavior

- Seminars & Support
- Consultation
- Ask the Experts
- Dog training classes

Tip Line

Make Your Dog a Canine Good Citizen

Make Your Dog a Canine Good Citizen

At least one million dogs in the United States can be trusted to behave politely in society and they have the papers to prove it.

These dogs have earned the American Kennel Club's Canine Good Citizen Award by successfully completing a ten-step test that judges their behavior in every day situations.

Could your dog pass the test? See the steps required to earn the distinction of a Canine Good Citizen. The Wisconsin Humane Society offers Canine Good Citizen testing. Call 414-431-6156 for more information.

In order to earn the distinction of canine good citizenship, a dog must successfully pass all ten steps of the canine good citizen program.



Canine Good Citizen Test:

- 1. Accepting a friendly stranger.**
A friendly stranger approaches and speaks to the handler in a natural everyday manner but does not pet the dog. The dog must maintain his good manners.
- 2. Sitting for petting.**
This step requires the dog to allow a friendly stranger to pet the dog and depart. The dog must not show shyness or aggression while being touched.
- 3. Accepting grooming.**
This step requires the dog to cooperate while being groomed and examined by a stranger, such as a veterinarian. The evaluator inspects the dog, combs him lightly and examines ears and each front paw.
- 4. Walking and turning for the handler.**
This step requires that the handler be in control of the dog. There must be a right turn, a left turn and an about turn with a stop in between each turn and one at the end.
- 5. Walking through a crowd.**
This step requires that the dog move about safely in pedestrian traffic. As the dog and

handler walk close to other people, the dog may show interest, but must not be overly exuberant, shy or aggressive.

6. Responding to basic commands.

This step requires the dog to respond to the handler's commands of "sit" and "down". Handlers then walk 20 feet away while the dog waits for the handler's return.

7. Coming when called.

Handlers walk ten feet from the dog, then turn and call the dog.

8. Behaving in the presence of a strange dog.

Two handlers and their dogs approach, shake hands, converse and then separate from each other. The dogs should show no more than a casual interest.

9. Reaction to distraction.

The evaluator will select and present two distractions. The dog may express natural interest and curiosity and/or may appear slightly startled but should not panic, try to run away, show aggressiveness, or bark. The handler may talk to the dog and encourage or praise it throughout the exercise.

10. Supervised separation.

Evaluators are encouraged to say something like, "Would you like me to watch your dog?" and then take hold of the dog's leash. The owner will go out of sight for three minutes. The dog does not have to stay in position but should not continually bark, whine, or pace unnecessarily, or show anything stronger than mild agitation or nervousness.

Related Pages

- [Dog Training](#)
- [Dog Behavior](#)
- [Dog Health](#)
- [Dog Nutrition](#)
- [Dog Socialization](#)
- [Dog Grooming](#)
- [Dog Exercise](#)
- [Dog Safety](#)
- [Dog Care](#)
- [Dog Training Tips](#)
- [Dog Behavior Problems](#)
- [Dog Health Problems](#)
- [Dog Nutrition Tips](#)
- [Dog Socialization Tips](#)
- [Dog Grooming Tips](#)
- [Dog Exercise Tips](#)
- [Dog Safety Tips](#)
- [Dog Care Tips](#)



Donate Today!

Helping animals in need is one of the most rewarding things you can do. Your donation can help us provide care for thousands of animals in need. We accept donations from individuals and businesses. For more information on how to donate, please contact us at info@wihumane.org or call us at 414-264-6257.

Milwaukee Campus

4500 West Wisconsin Avenue
Milwaukee, WI 53208
414-264-6257
info@wihumane.org

Ozaukee Campus

630 West Dekora Street
Saukville, WI 53080
262-377-7580
info@ozaukeehumane.org

Racine Campus

2706 Chicory Road
Racine, WI 53403
262-554-6699
info@wihumane.org

Important Phone Numbers

Wildlife Rehab	414-431-6204
Wildlife Tios	414-431-6137
Behavior Assistance	414-431-6173
Donate	414-431-6270
Grief Counseling	414-431-6182

Can Do Canines • 9440 Science Center Drive • New Hope, Minnesota 55428 • Phone: 763.331.3000

We train Seizure Assist Dogs to help people while they are having a seizure and afterward. The dog stays with the person and licks their face to try and bring them out of their seizure. The dog may be trained to get help or bring a cordless telephone. In addition, the dog wears a backpack with pockets that can hold medicine and medical alert information in case the person is unable to communicate. The application and training process for an assistance dog can take up to a year before you are certified as an assistance dog team. Thanks to our generous supporters and volunteers, all of our dogs are provided to clients at no charge!

It is important to note that we DO NOT train Seizure Assist Dogs to pre-alert to seizures. Instead, our dogs are trained to help you in a number of ways once a seizure occurs. Some of our dogs exhibit an alerting behavior during or after training is complete and we can help “shape” that behavior, if it occurs, so it will be of more benefit to you. However, you should not expect our dogs to pre-alert to a seizure.

Applicant Criteria

Applicants must meet the following criteria to be considered for our Assistance Dog program:

- Must be a resident of Minnesota, Wisconsin, North Dakota, South Dakota, or Iowa.
- Must have a seizure disorder.
- Must be physically and financially able to take full responsibility for the dog after certification.
- Must be at least 18 years old.

Application and Training Process

After requesting an application from Can Do Canines, you will receive an application packet in the mail that includes information about the program, the application forms, and a medical release and reference form. Once Can Do Canines has received your application materials and contacted your physician and references, you will be sent a letter of notification and your application will be given a preliminary review by the training team. If your application meets our requirements, the training team will contact you to set up an in-home interview. If accepted into the assistance dog program, training will be conducted in-home and in public over the course of approximately one to four months. Clients in the Twin Cities metropolitan area typically spend the first week training at our New Hope facility.

How To Apply

To apply for a Seizure Assist Dog, please click the button below and fill out the application request form. You can choose to receive your application by mail or download it as a .pdf. After you've completed the request form, you'll be redirected to a page where you can download your application. If you would prefer to request your application by phone, please call Training Assistant Jessi Hiemer at 763-331-3000 ext. 157

An application fee of \$50 must accompany your completed application This is the only cost to you during the application and training process.

After You Apply: Steps to Getting an Assistance Dog

Click [here](#) to learn more about the steps involved in finding an Assistance Dog just for you.

Pet Dogs as Seizure Assist Dogs

If you wish to have your pet dog trained as your assistance dog, the dog must meet all the same requirements for health, training and temperament as our own assistance dogs. You will need to supply information about your dog – such as breed, age, temperament, etc. – when you apply.

For specific information, go to [Owner-Trained Assistance Dog Criteria](#)

Physical Criteria

- Your dog must be between 1 – 4 years of age.
- Your dog must be spayed or neutered.
- Within the last year your dog must have had a complete physical and be current on vaccinations including rabies.
- Obtain a letter of reference from your veterinarian stating your dog is a good candidate for an Assistance Dog.
- Your dog, if appropriate, must have x-rays of hips and elbows after they are one year old.

Training Criteria

- Your dog must have completed two levels of obedience training within the last year.
- Obtain a letter of reference from your obedience trainer stating that your dog is a good candidate for an Assistance Dog.
- Your dog must demonstrate ability to perform at least one skill that assists you in your daily life.

Behavior Criteria

- Your dog must be confident and well behaved in all public situations and socialized to as many different exposures as possible.
- You dog must pass Can Do Canines's temperament evaluation.

Assistance Dog Criteria

As a Service Dog – your dog must be the only dog of that age and/or breed in the home.

How does a service dog meet the needs of children with seizures?

It means training a dog that is unique in what it does for each child. Most agencies will not work with children, especially very young children. At 4 Paws, we have no minimum age requirement and believe fully in early intervention.

There are two types of dogs trained to help with seizure disorders, Seizure Response Dogs and Seizure Alert Dogs. Our training falls into the second category and we refer to them as Seizure Assistance Dogs.

Most of the calls 4 Paws take on a daily basis, in regard to Seizure Assistance Dogs, are from the parents of children who have seizures. This led us to develop a program geared toward the placement of dogs trained to provide a level of emotional support above and beyond what could be achieved with the addition of a family pet as well as training the dog to alert parents to seizures when they occur or not even beforehand. We have an 80% success rate in our placements.

While children are not mature enough to participate in the intensive training process needed for the successful placement of the Seizure Response Dog (which is what the agencies that do not place with children train), the parents can use a Seizure Assistance Dog as a tool in helping keep their child safe and the benefits of having a dog as a companion and friend are priceless.

The Seizure Service Dog can do the following:

- Provide a measure of comfort for the child
- Provide a distraction during unpleasant medical procedures, such as blood tests
- Be used during a therapy session to enlist the child's participation

In addition, children with seizures may be afraid of being alone, sleeping in their own beds, and engaging in activities because they might have a seizure. In these instances, dogs can give the children a little courage while helping them maintain their independence.

In addition to providing emotional support in the various medical environments, the Seizure Assistance Dogs can bring with them the miracles that arise with every service dog provided to children with any disability. Sometimes the child who has extensive seizures must wear a helmet to protect from falls when playing on the playground. Or while playing with the neighborhood kids, or during school recess.

These events could, and often do, lead to isolation. The children who lack understanding of the child's "difference" from them often avoid the child who experiences seizures. Even young children that do have friends may find themselves left behind by their peers as they get older if the seizures limit their activities or result in cognitive delays.

However, there are few children who don't like dogs, and the miracles that occur when children with disabilities enter the playgrounds with their service dogs is amazing. **The service dog breaks the ice.** Children will come to pet the dog, and in doing so there is an opportunity to get to know the child and understand her disability rather than avoiding her.

Seizure Assistance Dogs are true service dogs and are allowed to go everywhere the child goes as long as an adult team member is with them (someone trained to handle the dog for the child). These dogs are task trained.

All Seizure Assistance Dogs at 4 Paws are trained in behavior disruption, which is a skill started in our Autism Program. With behavior disruption, the parents have commands to send the dog in to interact with the child. Seizure medications often cause behavioral issues, and this skill is a great means of helping your child work through them.

In addition, some seizure medications cause issues with balance and the dogs are trained, if needed, to help the child during these times by walking beside them with a harness they can hold to help stabilize themselves. During the interview and acceptance phase other tasks that may benefit the child may also be identified and trained.

Some of our parents have reported that their children have fewer seizures since their dogs entered their homes. This is believed to be the result of a reduction in the stress level the children have through the comfort they find in their new companions.

Seizure alerting behavior is a naturally occurring behavior in some dogs. It is thought that perhaps 20% of dogs placed with a person who has seizures may naturally alert. One way to explain how this works is to discuss housebreaking. When you bring a new puppy home, you can't say to the puppy, "When you have to go outside, run in a circle three times so I will know you need to go."

What we do is to watch the puppy closely, after a period of time the person will learn to “read” the dog’s nonverbal behavior, indicating the need to go outside. For instance, the owner begins to notice that every time the puppy runs in circles, they then proceed to “Go potty.”

Eventually, the owner will let the puppy outside immediately after observing this behavior and no further accidents occur in the home. This is the same principle as understanding how dogs alert to seizures. If the dog is able to make the connection between the chemical changes he senses and the occurrence of seizures, he may begin to act in a certain way when these changes begin.

For example, they may come and stare at the owner, or they may begin barking and/or even nipping at their owners. Eventually people who seize realize that every time their dog barks madly and nips at them they will have a seizure and they will begin to prepare themselves for the seizure before it actually starts.

The one thing scientists have been able to come to an agreement on is that the dog smells a chemical body change on the person just prior to and during a seizure. While many believe it is not possible to train seizure alert here at 4 Paws we can and do! We have developed a program here at 4 Paws to work with some children who have very frequent, obvious seizures. We have seen some great success with this training and have noticed that more dogs begin to alert the seizures with the training than without.

Without going into training details, we are able to do the training if the child has frequent seizures. For us frequent means three to four a month on a regular basis. We work with the dog here to facilitate a natural response after the dog is placed. While it still does not guarantee the alert, it greatly increases it if used in conjunction with a skill trained as a part of the behavior disruption in which the dog is trained to interact with the child in a specific manner on parent command.

Jamie Murray
 2818 W 2125 S
 Syracuse UT 84075
 Home Phone: (801) 510-9044
 jamie.murray@comcast.net



Preventive Care History Report

Monday, August 11, 2014 6:13 PM

Banfield Pet Hospital
 750 North Main
 Layton, UT 84041-4041
 (801) 547-5090

Pet Information

Name: Koda **Gender:** Male (Neutered)
Species: Canine **Color:** Yellow
Breed: Retriever, Labrador **Birth Date:** 9/17/2012
Weight: 60.20 Lbs/27.31 Kgs

Microchip ID: 985112000531693 **Manufacturer:** Home Again/Merck
Microchip ID: **Manufacturer:**

Preventive Care	Given	Due Date	Preventive Care	Given	Due Date
Heartworm Prevention	11/8/2013	5/7/2014	Heartworm Test	7/18/2014	7/18/2015
Roundworms	8/11/2014	2/7/2015	Lyme Test	7/18/2014	7/18/2015
Hookworms	8/11/2014	2/7/2015	Ehrlichia canis Test	7/18/2014	7/18/2015
Tapeworms	11/8/2013	5/7/2014	Blood Cell Count	8/11/2014	8/11/2015
Rabies	12/20/2013	12/19/2016	Serum Chemistries	8/11/2014	8/11/2015
DAPP	8/11/2014	8/10/2017	Differential Exam	8/11/2014	8/11/2015
Leptospirosis	8/11/2014	8/11/2015	Electrolytes	8/11/2014	8/11/2015
Bordetella	8/11/2014	8/11/2015	Fecal Exam	8/11/2014	2/7/2015
Lyme	8/11/2014	8/11/2015	Urine Specific Gravity	8/11/2014	8/11/2015
Dental Prophylaxis	8/11/2014	8/11/2015	Urine Strip Tests	8/11/2014	8/11/2015
Corona	1/4/2013	1/4/2014	Urine Sediment Exam	8/11/2014	8/11/2015

Historical	Given	Due Date	Provider	Providing Hospital
Heartworm Prevention	11/8/2013	5/7/2014	No Doctor Found	Layton of UT
Roundworms	8/11/2014	2/7/2015	No Doctor Found	Layton of UT
	7/18/2014	1/14/2015	No Doctor Found	Layton of UT
	12/20/2013	6/18/2014	Dr. Jocelyn Urbick	Layton of UT
	11/8/2013	5/7/2014	No Doctor Found	Layton of UT
	6/12/2013	12/9/2013	Dr. Eric Krasa	Layton of UT
	2/11/2013	8/10/2013	No Doctor Found	Layton of UT
	1/4/2013	7/3/2013	Dr. Staci Gustafson	Layton of UT
	12/1/2012	5/30/2013	No Doctor Found	Layton of UT
Hookworms	8/11/2014	2/7/2015	No Doctor Found	Layton of UT
	7/18/2014	1/14/2015	No Doctor Found	Layton of UT
	12/20/2013	6/18/2014	Dr. Jocelyn Urbick	Layton of UT
	11/8/2013	5/7/2014	No Doctor Found	Layton of UT
	6/12/2013	12/9/2013	Dr. Eric Krasa	Layton of UT

Jamie Murray
 2818 W 2125 S
 Syracuse, UT 84075
 Home Phone: (801) 510-9044
 jamie.murray@comcast.net



Examination Report
 Saturday, August 09, 2014

Banfield Pet Hospital
 750 North Main
 Layton, UT 84041-4041
 (801) 547-5090

Myschief Murray	
Date of Birth	8/20/2007
Wellness Plan Level	Dog Active Prevention
Veterinarian	Dr. Jocelyn Urbick

Overall Condition	
Weight	This visit: 21.40 Lbs/9.71 Kgs Last visit: 23.20 Lbs/10.52 Kgs
Body Condition Score (1 to 5)	4: Overweight
Overall Assessment	Not Selected
Diet	Diet Recommended - Royal Canin-Canine L.I.D. Potato & Venison

WHAT DID WE DO FOR MYSCHIEF TODAY?

Preventive Care	Why is this important?
Dental Prophylaxis	Dental disease is found in most pets over 3 years of age. Routine dental care is extremely important to prevent serious consequences of poor dental health: infection, tooth loss, pain and potential for heart and kidney disease.

Diagnostic Test	Why is this important?
Blood Cell Count	Measures red blood cells, white blood cells and platelets. Helps detect conditions like anemia, inflammation and/or infections.
Internal Organ Function Screen	Provides a significant amount of information about your pet's health. Assesses function of the kidneys, liver, pancreas, etc. Routine blood testing provides a baseline to aid in the early detection of many diseases.
Differential Exam of Blood Cells (Manual Count/Evaluation)	Evaluates appearance and amount of red cells, white cells and platelets. Helps detect certain blood parasites and infections.
Electrolytes (K, Na, Cl)	Evaluates blood chemical levels. Helps detect certain diseases, dehydration, etc.
Urine Specific Gravity	Measure of urine concentration which helps detect conditions that cause abnormally high or low levels, such as dehydration or kidney disease.
Urine Strip Tests	Assesses urine concentration and the presence of certain chemicals. These values can help diagnose diseases such as diabetes or kidney disease.
Urine Sediment Exam	Evaluation to detect abnormal cells which may indicate blood in the urine, infections, or abnormal crystals.

WHAT WERE MYSCHIEF'S EXAM RESULTS?

Congratulations! Your pet's health appears to be normal in all of the following areas:		
Coat/Skin	Eye(s)	Lungs
Heart	Abdomen	Urinary/Reproductive
Rectum/Perineum	Musculoskeletal	General Neurological
Behavioral		

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Examination Report
 Saturday, August 09, 2014

Banfield Pet Hospital
 750 North Main
 Layton, UT 84041-4041
 (801) 547-5090

There were some exam findings outside the normal range:

Area: General Assessment Finding: Increased body weight
 Recommendation: Based on history and exam findings your veterinarian will discuss the best testing and treatment options for your pet.

Area: Ear(s) Finding: Ear canal issue
 Recommendation: Thorough ear exam. May require an ear swab test. Your veterinarian will discuss the best tests and treatments.

Area: Mouth/Nose Finding: Dental issue
 Recommendation: Your veterinarian will perform a thorough oral examination and make recommendations for the best options for treatment and/or prevention, which may include dental assessment and cleaning under general anesthesia in some cases.

Preventive care due in the future:

Heartworm Prevention	9/28/2014	Flea Prevention	
Roundworms	1/14/2015	Hookworms	1/14/2015
Rabies	6/15/2015	DAPP	12/19/2016
Leptospirosis	7/18/2015	Bordetella	7/18/2015
Dental Prophylaxis	8/9/2015	Heartworm Test	7/18/2015
Fecal Exam	1/14/2015		

Access your pet's medical records online at anytime! Visit www.Banfield.com

Need to setup your online account?	Go to www.Banfield.com and use your unique client ID to register. Your invitation code = LAY0M3H
---	---

Thank you for bringing Myschief in today. We value your commitment to your pet's health and look forward to continuing our partnership to provide the very best care for many years to come. If you have any questions please contact us at (801) 547-5090. We look forward to seeing you at your next visit.

Jamie Murray
 2818 W 2125 S
 Syracuse, UT 84075
 Home Phone: (801) 510-9044
 jamie.murray@comcast.net



Examination Report
 Monday, August 04, 2014

Banfield Pet Hospital
 750 North Main
 Layton, UT 84041-4041
 (801) 547-5090

Luci Murray

Date of Birth	7/16/2009
Wellness Plan Level	Dog Active Prevention
Veterinarian	Dr. Jocelyn Urbick

Overall Condition

Weight	This visit: 36.20 Lbs/16.42 Kgs	Last visit: 36.60 Lbs/16.60 Kgs
Body Condition Score (1 to 5)	4: Overweight	
Overall Assessment	Good	
Diet		

WHAT DID WE DO FOR LUCI TODAY?

Preventive Care	Why is this important?
Dental Prophylaxis	Dental disease is found in most pets over 3 years of age. Routine dental care is extremely important to prevent serious consequences of poor dental health: infection, tooth loss, pain and potential for heart and kidney disease.

Diagnostic Test	Why is this important?
Blood Cell Count	Measures red blood cells, white blood cells and platelets. Helps detect conditions like anemia, inflammation and/or infections.
Internal Organ Function Screen	Provides a significant amount of information about your pet's health. Assesses function of the kidneys, liver, pancreas, etc. Routine blood testing provides a baseline to aid in the early detection of many diseases.
Differential Exam of Blood Cells (Manual Count/Evaluation)	Evaluates appearance and amount of red cells, white cells and platelets. Helps detect certain blood parasites and infections.
Electrolytes (K, Na, Cl)	Evaluates blood chemical levels. Helps detect certain diseases, dehydration, etc.
Urine Specific Gravity	Measure of urine concentration which helps detect conditions that cause abnormally high or low levels, such as dehydration or kidney disease.
Urine Strip Tests	Assesses urine concentration and the presence of certain chemicals. These values can help diagnose diseases such as diabetes or kidney disease.
Urine Sediment Exam	Evaluation to detect abnormal cells which may indicate blood in the urine, infections, or abnormal crystals.

WHAT WERE LUCI'S EXAM RESULTS?

Congratulations! Your pet's health appears to be normal in all of the following areas:		
Eye(s)	Ear(s)	Lungs
Heart	Abdomen	Urinary/Reproductive
Rectum/Perineum	Musculoskeletal	General Neurological
Behavioral		

Jamie Murray
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 Syracuse, UT 84075
 Home Phone: (801) 510-9044
 jamie.murray@comcast.net



Examination Report
 Monday, August 04, 2014

Banfield Pet Hospital
 750 North Main
 Layton, UT 84041-4041
 (801) 547-5090

There were some exam findings outside the normal range:

Area: General Assessment Finding: Increased body weight
 Recommendation: Based on history and exam findings your veterinarian will discuss the best testing and treatment options for your pet.

Area: Coat/Skin Finding: Skin mass(es)
 Recommendation: Thorough skin examination which may lead to a recommendation for additional tests to determine cause of mass(es).

Area: Mouth/Nose Finding: Dental issue
 Recommendation: Your veterinarian will perform a thorough oral examination and make recommendations for the best options for treatment and/or prevention, which may include dental assessment and cleaning under general anesthesia in some cases.

Area: Mouth/Nose Finding: Gum issue
 Recommendation: Thorough oral exam. Dental cleaning under general anesthesia will usually be recommended. Discuss additional recommendations with your veterinarian.

Preventive care due in the future:

Heartworm Prevention	9/28/2014	Flea Prevention	
Roundworms	1/14/2015	Hookworms	1/14/2015
Rabies	12/19/2016	DAPP	12/19/2016
Leptospirosis	7/18/2015	Bordetella	12/20/2014
Lyme	7/18/2015	Dental Prophylaxis	8/4/2015
Heartworm Test	7/18/2015	Fecal Exam	1/14/2015

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Thank you for bringing Luci in today. We value your commitment to your pet's health and look forward to continuing our partnership to provide the very best care for many years to come. If you have any questions please contact us at (801) 547-5090. We look forward to seeing you at your next visit.