
2019 Health Clinic Registration — Pensacola Dog Fanciers Association, Inc

- Charge for the Sat only EYE clinic is \$45 per dog (pre-registration required to ensure #'s for clinic).
- Charge for FL-AL Toy Group Club microchip clinic is \$25 per dog (walk-ins welcomed, pre-reg. requested).
- Heart Clinic Certified for OFA - Cardiac Vet Dr Lauren Schlater (pre-registration recommended).

AUSCULATION \$40 Each

ECHOCARDIOGRAM 1-dog \$185 * 2-dogs \$155 Each * 3 Or More Dogs \$135 Each

Six Lead EKG \$65 * Echo + EKG \$205 Each * 2 or More Dogs \$185 Each

- OFA Eligible Patella & Cruciate Checks - Dr. Ron Montgomery (pre-registration recommended).
\$35 / Dog for Both * *Patella Only: \$30 / Cruciate Only: \$10*

Walk-ins will be accepted at the show for each clinic as time permits.

EYE CLINIC

Dr. Eric Storey, American College of Veterinary Ophthalmologists ** 1 Day only, Saturday, March 2 9 am – 2 pm

(If you plan to submit results to CERF or OFA ECR, have dog's registered name, registration number, whelp date & permanent ID number, if applicable. Exam & certificate issued are the same for both tests but new form enables additional research by OFA ECR. You can download and prefill the information to give to clinician from OFA website)

MICROCHIP CLINIC

The Ark Staff & Vet Techs ** 1 Day, Friday, Saturday, March 2, 2019 -- 1 - 4 p.m.

Fee payable at the clinic; checks made payable to _____

Pre-registration is not necessary and non-entered dogs are eligible.

EYE CLINIC REGISTRATION

(Deadline for registration is _____ please register early to ensure clinic availability. Checks will be held until clinic confirmed.)

Registration Form

YOUR NAME _____

MAILING ADDRESS _____ CITY/STATE/ZIP _____

EMAIL ADDRESS (print clearly) _____

TELEPHONE _____

Which Clinic/s are You Signing Up for?

Heart (which test) _____ Eye _____ Patella _____

Microchip _____ (check made out to _____)

BREED OF DOG _____ # OF DOGS _____ Chip or tattoo# if necessary _____

BREED OF DOG _____ # OF DOGS _____ Chip or tattoo# if necessary _____

MAKE CLINIC CHECKS PAYABLE TO: _____

Email for more information: cinden1226@hotmail.com

MAIL WITH THIS COMPLETED FORM TO: Cindy Sinn 233 Lakefront Summerdale AL 36580