2025 HEALTH CLINIC REGISTRATION-*PENSACOLA DOG FANCIERS ASSOCIATION*

PREREGISTRATION IS SUGGESTED TO BE AWARE OF THOSE NEEDING A CLINIC APPOINTMENT. FIRST COME, FIRST SERVE. WE WILL TRY TO WORK AROUND THE SHOW.

THE FOLLOWING EXAMS WILL BE OFFERED AT THE CLINIC:

EYE CLINIC: DR. ERIC STOREY, SOUTHEAST ANIMAL EYE SPECIALIST, PENSACOLA, FLORIDA

PLEASE register online for eye exam by going to OFA.org/online. Create an account or login. Search for Eric Storey, Southeast Animal Eye Specialists in Newnan, GA. Add or select a pet and complete the form from there.

SATURDAY, MARCH 1, 2025 FROM 9:00 AM – 2:00 PM

_____ NUMBER OF DOGS COST — $60.00 PER DOG

PATELLA CLINIC: ASHLEE PUCKETT, DVM, GULF BREEZE, FLORIDA

SATURDAY, MARCH 1, 2025 FROM 8:30 AM – 2:00 PM

_____ NUMBER OF DOGS COST – $40.00 PER DOG

MICROCHIP CLINIC: ASHLEE PUCKETT, DVM, GULF BREEZE, FLORIDA

SATURDAY, MARCH 1, 2025 FROM 8:30 AM – 2:00 PM

_____ NUMBER OF DOGS COST -- $25.00 PER DOG

CARDIOLOGY CLINIC: LAUREN SCHLATER, DVM, MS, DACVIM, GULF COAST VETERINARY CARDIOLOGY, GULF BREEZE, FL

FRIDAY, FEBRUARY 28, 2025 FROM 2 PM - 5 PM *SATURDAY*, MARCH 1, 2025 FROM 8 AM – 4 PM

#DOGS	PROCEDURE	COST
_____	AUSCULTATION	$ 60.00 EACH DOG
_____	ECHO & AUSCULTATION	$305.00 EACH DOG
_____	ECHO/EKG/AUSCULTATION	$335.00 EACH DOG

(OFA ***FEE IS PAID BY THE DOG OWNER FOR ANY AND ALL EXAMS NEEDING SENT TO OFA)***

PLEASE HAVE THE FOLLOWING INFORMATION AVAILABLE ON ARRIVAL TO THE CLINICS: BREED OF DOG(S), REGISTERED NAME OF DOG, REGISTRATION NUMBER, MICROCHIP/TATOO NUMBER, BIRTHDATE. OFA APPLICATION FORMS WILL BE AVAILABLE AT THE CLINICS AND COMPLETED BY THE DOCTORS.

REGISTRATION FORM (PLEASE SEND ENTIRE FORM) - - PLEASE PRINT LEGIBLY

NAME OF OWNER_____**CELL # ( )**_____

ADDRESS _____

CITY/STATE/ZIP CODE_____

EMAIL (PRINT CLEARLY) _____

BREED OF DOG _____

MAKE CLINIC CHECKS PAYABLE TO: PDFA (PENSACOLA DOG FANCIERS ASSOCIATION). *YOU MAY PAY BY CREDIT CARD/CHECK/ CASH AT THE SHOW.*

PLEASE MAIL, TEXT, EMAIL THIS FORM AND CHECK TO: **CINDY SINN (CHAIRMAN), 233 LAKEFRONT CIRCLE SUMMERDALE, ALABAMA 36580**

FOR MORE INFORMATION PLEASE EMAIL: cinden1226@gmail.com or text/call 251-961-1644 And leave a clear message

ON ARRIVAL TO THE SHOW, PLEASE CHECK IN AT THE HEALTH CLINIC REGISTRATION DESK!