######  **Super Health Clinic - Open To All Breeds**

 Sunday April 19, 2020 8:00AM to Conclusion

Pleasant Valley Veterinary Services 32 Pleasant Valley Road Washington, NJ 07882

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| Screening | **Fee** | **Administrator** | **Comments** |
| **OFA Hips OR Elbows** | $210 |  | **All Xrays**Anesthesia – Dexdomitor and Torbugesic. |
| **Hips AND Elbows** | $280 |  | Consent form required |
|  |  |  | **OFA** |
| **PennHip Hips** | $345 | **Dr. Mary Stankovics** | Xrays will be digitally submitted to OFA. All OFA fees included**PennHip**PennHip digitally submitted  |
| **PennHip & OFA Hips** | $380 |  |
| **PennHip & OFA Hips+Elbows** | $450 |  | All fees for PennHip included |
| **Hearts (**Auscultation)**Morning Appointments Only** | $45 | **Dr. Gordon D. Peddle**Board Certified Cardiologist | OFA fees not includedOFA discount available |
| **Eyes** | $40 | **Dr. Kristina Vygantas** Board Certified Ophthalmologist | OFA fees not includedOFA Discount available |
| **Heartworm & TBD Screening****Snap Test** | $42 | **Pleasant Valley Vet Services** | Idexx SNAP 4DX |
| **Titers** | $80 | **University of Wisconsin - Madison** | Parvo/Distemper/adenovirus |
| **Thyroid (For Clearance ONLY)** | $125 | **MSU Premium Thyroid Panel** | Submission to MSU & OFA included |
| **Microchip** | $25 | AKC ID Chip | Does not include CAR registration fee |

--------------------------------- CUT HERE AND MAIL BELOW FORM ---------------------------------------

For more information contact Hank Hahn 201-288-0478 or Ambikagr@optonline.net

**Registration Form – Deadline April 10, 2020- PRE-REGISTRATION IS REQUIRED**

Mail Form to - Hank Hahn 315 Madison Ave. Hasbrouck Heights, NJ 07604-2009

**Make checks payable to GSGRC**

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| Screening | **# of dogs** | Fee/dog | **Total** |
| OFA Hips or Elbows |  | $210 |  |
| OFA Hips & Elbows |  | $280 |  |
| PennHip |  | $345 |  |
| PennHip and OFA Hips |  | $390 |  |
| PennHip & OFA Elbows |  | $450 |  |
| Hearts |  | $45 |  |
| Eyes |  | $40 |  |
| Heartworm & TBD (SNAP) |  | $42 |  |
| Titers |  | $80 |  |
| Thyroid |  | $125 |  |
| AKC Microchip |  | $25 |  |
| **TOTAL ENCLOSED** | XXXX | XXXXX |  |

**PLEASE ENTER DOG INFORMATION ON REVERSE SIDE OF FORM**

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip \_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred time 8-11:59 AM or After 12PM Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Dog Information** | **Test Requested For Specific Dog** |
| **Dog Call Name** | **AKC or other****Registration****Number** | **Microchip****Tattoo****Number** | **Weight** | **OFA Xrays** | **PennHip** | **Heart** | **Eyes** | **Snap** | **Titers** | **Thyroid** | **Microchip** |
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