

Registration open to GSGRC Members only till Feb7

GARDEN STATE GOLDEN RETRIEVER CLUB, INC.

Registration will not be accepted without the Covid Waiver on the back of this form agreed to and signed

Super Health Clinic - Open To All Breeds

Sunday April 18, 2021 8:00 AM to 4:00 PM

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

Screening	Fee	Administrator	Comments
OFA Hips OR Elbows	\$210	Dr. Mary Stankovics	All Xrays Anesthesia – Dexdomitor and Torbugesic. Consent form required OFA Xrays will be digitally submitted to OFA. All OFA fees included PennHip PennHip digitally submitted All fees for PennHip included
Hips AND Elbows	\$280		
PennHip Hips	\$345		
PennHip & OFA Hips	\$380		
PennHip & OFA Hips+Elbows	\$450		
Hearts Auscultation 8:30 – 10:00 <hr style="border-top: 1px dashed black;"/> Hearts Echocardiogram 10:00 – 1:00	<hr style="border-top: 1px dashed black;"/> \$300	Dr. Gordon D. Peddle Board Certified Cardiologist	OFA Fees not included OFA Discount available
Eyes	\$40	Dr. Kristina Vygantas Board Certified Ophthalmologist	OFA Fees not included OFA Discount available
Heartworm & TBD Screening Snap Test	\$42	Pleasant Valley Vet Services	Idexx SNAP 4DX
Titers	\$85	University of Wisconsin - Madison	Parvo/Distemper/adenovirus
Thyroid (For Clearance ONLY)	\$140	MSU Premium Thyroid Panel	Submission to MSU & OFA included
Microchip	\$25	AKC ID Chip	Does not include CAR registration fee

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

Registration Form – Deadline April 9, 2021- PRE-REGISTRATION IS REQUIRED

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

Make checks payable to GSGRC

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	
Heart Auscultation		\$50	
Heart Echocardiogram		\$300	
Eyes		\$40	
Heartworm & TBD (SNAP)		\$42	
Titers		\$85	
Thyroid		\$140	
AKC Microchip		\$25	
TOTAL ENCLOSED	XXXX	XXXXXX	

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 _____

