**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

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

**Screening** | **Fee** | **Administrator** | **Comments**
--- | --- | --- | ---
OFA Hips OR Elbows | $210 |  | 
Hips AND Elbows | $280 |  | 
PennHip Hips | $345 | Dr. Mary Stankovies | Xrays will be digitally submitted to OFA. All OFA fees included
PennHip & OFA Hips | $380 |  | PennHip
PennHip & OFA Hips+Elbows | $450 |  | 
Hearts Auscultation 8:30 – 10:00 |  | Dr. Gordon D. Peddle Board Certified Cardiologist | OFA fees not included
Hearts Echocardiogram 10:00 – 1:00 | $300 |  | OFA Discount available
Eyes | $40 | Dr. Kristina Vygantas Board Certified Ophthalmologist | OFA fees not included
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 | 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______________________________
COVID POLICIES AND WAIVER

1 – Masks, which fully cover your mouth and nose, are **MANDATORY** at all times anytime you are inside the facility or outside your vehicle.

2 – Social Distancing of a minimum of 6 feet is required at all times. PLEASE no group socialization in the parking area.

3 – A GSGRC club member will escort your pet from your vehicle to the area of the screening. Should the person performing the screening need to communicate with you with regard to the screening, arrangements will be made to do so.

4 – When you have received all your dog’s screenings, please leave immediately so there is room for those yet to be screened and still maintain social distancing.

5 – There will be no food or water provided and there will be a porta john on premises for the day.

6 – If you feel ill the day of the clinic please do not come. Either have someone else bring your dog or contact me at the phone number I will provide with your final confirmation and arrangements will be made for a refund.

7 – Any person not complying with the above policies will be told to leave and not receive any of the screenings that have not yet been performed.

8 – As everyone is aware the Federal, State and Local government mandates are forever changing. And due to this the GSGRC reserves the right to change any or all of the above policies to be in accordance with those mandates in effect at the time of the clinic.

9 – We are doing the best to ensure everyone has a safe and productive day. We appreciate your cooperation and patience and thank you in advance.

10 - I fully submit that the GSGRC, Pleasant Valley Veterinarian Services or any other contracted staff or any volunteers are in no way liable for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance, during or after this clinic, and hereby waive all rights to file a lawsuit against the above IF I am exposed to COVID-19.

I have read the above COVID Policies and agree to abide by them.

Signature _____________________________________________       Date  _____________

Print name ____________________________________________

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<tr>
<th>Dog Call Name</th>
<th>AKC or other Registration Number</th>
<th>Microchip Tattoo Number</th>
<th>Weight</th>
<th>OFA X-rays</th>
<th>PennHip</th>
<th>Auscultation</th>
<th>Heart Echo</th>
<th>Eyes</th>
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