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

GARDEN 🗭 STATE GOLDEN RETRIEVER CLUB, INC.

Super Health Clinic - Open To All Breeds

Sunday April 10, 2022 8:00 AM to 4:00 PM Pleasant Valley Veterinary Services 32 Pleasant Valley Road Washington, NJ 07882

Screening	Fee	Administrator	Comments
OFA Hips <u>OR</u> Elbows	<mark>\$225</mark>	100lb. Limit for all Xrays	<u>All Xrays</u> Anesthesia – Dexdomitor and Torbugesic.
Hips <u>AND</u> Elbows	<mark>\$295</mark>		Consent form required OFA
PennHip Hips	<mark>\$350</mark>	Dr. Mary Stankovics	Xrays will be digitally submitted to OFA. All OFA fees included
PennHip & OFA Hips	<mark>\$400</mark>		PennHip PennHip digitally submitted
PennHip <u>&</u> OFA Hips+Elbows	<mark>\$465</mark>		All fees for PennHip included
Hearts Auscultation 8:30 – 10:00	<mark>\$50</mark>	Dr. Gordon D. Peddle Board Certified Cardiologist	OFA Fees not included
Hearts Echocardiogram 10:00 – 1:00 VERY limited availability	<mark>\$360</mark>		OFA Discount available
Eyes	<mark>\$42</mark>	Dr. Kristina Vygantas Board Certified Ophthalmologist	OFA Fees not included OFA Discount available
Heartworm & TBD Screening Snap Test	<mark>\$44</mark>	Pleasant Valley Vet Services	Idexx SNAP 4DX
Titers	<mark>\$87</mark>	University of Wisconsin - Madison	Parvo/Distemper/adenovirus
Thyroid (For Clearance ONLY)	<mark>\$145</mark>	MSU Premium Thyroid Panel	Submission to MSU & OFA included
Microchip	<mark>\$25</mark>	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 2, 2022- 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		<mark>\$225</mark>	
OFA Hips & Elbows		<mark>\$295</mark>	
PennHip		<mark>\$350</mark>	
PennHip and OFA Hips		<mark>\$400</mark>	
PennHip & OFA Elbows		<mark>\$465</mark>	
Heart Auscultation		<mark>\$50</mark>	
Heart Echocardiogram		<mark>\$360</mark>	
Eyes		<mark>\$42</mark>	
Heartworm & TBD (SNAP)		<mark>\$44</mark>	
Titers		<mark>\$87</mark>	
Thyroid		<mark>\$145</mark>	
AKC Microchip		<mark>\$25</mark>	
TOTAL ENCLOSED	XXXX	XXXXX	

PLEASE ENTER DOG INFORMATION ON REVERSE SIDE OF FORM

Name_____ Address

Town

State Zip Phone

GARDEN STATE GOLDEN RETRIEVER CLUB, INC. COVID POLICIES AND WAIVER

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

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	

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