

**Garden State Golden Retriever Club**

**Super Health Clinic 2026**

**(Open to all breeds, pre-registration required)**

**Sunday, April 19, 2026, from 8:00 AM to 4:00 PM**

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

For more information contact Becca Starace at 201-835-9639, [rebeccastarace827@gmail.com](mailto:rebeccastarace827@gmail.com)

Screening Test	Fee	PLEASE NOTE:	
OFA Hips <b>OR</b> Elbows	\$250	<ul style="list-style-type: none"> <li>● Maximum weight limit for X-rays 100 pounds.</li> <li>● Female dogs cannot be in heat.</li> <li>● Maximum 2 dogs for X-rays for GSGRC members, 1 for non-members.</li> <li>● All the above X-rays screenings require anesthesia (Dexdomitor and Torbugesic).</li> <li>● Dogs must FAST after midnight for X-rays.</li> <li>● Anesthesia consent form is required.</li> <li>● OFA and PennHip X-rays will be digitally submitted to OFA or PennHip.</li> <li>● All OFA and PennHip fees included in the price.</li> <li>● Screenings administered by Dr. Mary Stankovics.</li> </ul>	
OFA Hips <b>AND</b> Elbows	\$350		
PennHIP Hips (alone)	\$370		
PennHIP Hips plus OFA Hips	\$430		
PennHIP Hips plus OFA Hips <b>AND</b> Elbows	\$485		
Titers (CAVIDS)	\$125		
MSU/OFA Thyroid	\$175		
Brucella	\$75		
SNAP Test	\$80		<ul style="list-style-type: none"> <li>● Efficiently tests for heartworm, Lyme disease, Ehrlichiosis, and Anaplasmosis</li> </ul>
AKC Microchip	\$25		<ul style="list-style-type: none"> <li>● AKC ID Chip used</li> <li>● Does not include CAR registration fee</li> </ul>
Heart Auscultation 8:30 – 10:00 only	\$85	<ul style="list-style-type: none"> <li>● OFA fees are NOT included in the clinic fee, but an OFA discount is available.</li> <li>● Heart screenings administered by Dr. Gordon D. Peddle, Board Certified Cardiologist</li> </ul>	
Heart Echo w/Auscultation 10:00 – 1:00 only VERY limited availability	\$400		
OFA CAER Eye Certification	\$60	<ul style="list-style-type: none"> <li>● Arrive about 15 minutes prior to appointment to get eye drops</li> <li>● Eye screenings administered by Dr. Kristina Vygantas, Board Certified Ophthalmologist</li> </ul>	

**Calculate your payment.** Please make checks payable to **GSGRC.**

Screening	# of dogs	Fee/dog	Total
OFA Hips OR Elbows		\$250	
OFA Hips AND Elbows		\$350	
PennHips (alone)		\$370	
PennHIP Hips + OFA Hips		\$430	
PennHIP Hips + OFA Hips AND + Elbows		\$485	
Titers (CAVIDS)		\$125	
MSU/OFA Thyroid		\$175	
Brucella		\$75	
SNAP Test		\$80	
AKC Microchip		\$25	
Heart Echocardiogram with Auscultation		\$400	
Heart Auscultation		\$85	
OFA CAER Eye Certification		\$60	
<b>TOTAL ENCLOSED</b>			

**Required Forms** (on [event web site](#)). Please bring forms already completed on day of clinic.

**OFA:**

- **Pleasant Valley Standard Consent** for Testing/Anesthesia (1 for each animal)
- **OFA Hip/Elbow Application** (1 for each animal)

**PennHIP:**

- **Pleasant Valley Standard Consent** for Testing/Anesthesia (1 for each animal)
- **PennHIP Cavitation Release** (1 for each animal)
- **PennHIP Application** (1 for each animal)

**OFA Heart and/or OFA CAER Eyes:**

- Heart and Eye forms will be given on the day of the clinic. Please make sure to bring all your pet's information. **IMPORTANT! Bring Dam and Sire AKC or CKC registration numbers to fill in at the clinic.**

**Titers (CAVIDS)**

- CAVIDS Titer Test Submission Form

**OFA/MSU Thyroid**

- MSU Canine Thyroid Registry Form & OFA MSU Thyroid Application Form. **IMPORTANT! Bring Dam and Sire AKC or CKC registration numbers to fill in at the clinic.**

**SNAP 4DX Test**

- 4DX Test Results Form

**Microchip**

- **AKC Microchip form will be given when chip is implanted.**

## REGISTRATION FORM

**Registration & prepayment are required to attend**

GSGRC Member Registration: Opens January 17, closes April 1

NON-Member Registration: Opens February 16, closes April 1

**Mail this completed form and your check, payable to GSGRC, to:**

**Rebecca Starace, 350 Deer Lake Court, Manahawkin, NJ 08050**

For more information contact Rebecca Starace at 201-835-9639, [rebeccastarace827@gmail.com](mailto:rebeccastarace827@gmail.com)

<b>First name</b>	<b>Last name</b>	<b>Member? Y/N</b>
<b>Address</b>	<b>Town</b>	<b>State/Zip</b>
<b>Phone</b>	<b>Email</b>	

<b>Dog Call Name:</b>					<b>AKC or other registration number:</b>					
Microchip or Tattoo Number:					Weight of Dog:					
OFA Hips	OFA Elbows	Penn Hips	Heart Echo & Ausc.	Heart Ausc.	OFA Eyes	Titers (CAVIDS)	MSU/ OFA Thyroid	Brucella	SNAP 4DX Test	Microchip

<b>Dog Call Name:</b>					<b>AKC or other registration number:</b>					
Microchip or Tattoo Number:					Weight of Dog:					
OFA Hips	OFA Elbows	Penn Hips	Heart Echo & Ausc.	Heart Ausc.	OFA Eyes	Titers (CAVIDS)	MSU/ OFA Thyroid	Brucella	SNAP 4DX Test	Microchip

<b>Dog Call Name:</b>					<b>AKC or other registration number:</b>					
Microchip or Tattoo Number:					Weight of Dog:					
OFA Hips	OFA Elbows	Penn Hips	Heart Echo & Ausc.	Heart Ausc.	OFA Eyes	Titers (CAVIDS)	MSU/ OFA Thyroid	Brucella	SNAP 4DX Test	Microchip

(More dogs? Print additional Registration Form sheets.)