



ALL BREED SUPER HEALTH CLINIC

HIPS – ELBOWS – EYES – HEART – THYROID – MICROCHIP-SNAP

Sunday, January 29, 2012----8am – 4 pm

Norwalk Veterinary Hospital, 726 Connecticut Avenue (Rte 1), Norwalk, CT

- *Hips OR Elbows_____ Dr. Charles Duffy -- \$190 including CD with images and OFA fee,.
Dogs more than 80 lbs \$240.
- *Hips & Elbows_____ Dr. Charles Duffy - \$250 including CD with images and OFA Fee.
Xylazine only. Dogs more than 80lbs----\$300. (note we cannot
accept dogs more than 100 lbs for either hips or elbows) Xrays
automatically submitted to OFA.
- Eyes _____ Dr. Charles M. Stuhr (board certified)- \$38
- Heart_____ Dr. Jean-Paul Petrie (board certified) - \$40. Auscultation only.
Doppler available \$250
- **Thyroid _____ OFA Panel, MSU - \$85 (includes OFA fee)
Microchip_____ \$40 (Home Again)
Snap 4DX_____ \$48 for lyme, anaplasma, erlichiosis, heartworm.

* OFA hips/elbows are now digital All X-rays will be submitted to OFA. OFA Forms MUST be included with your registration for hips and elbows. CD's will be mailed to you after the clinic.

**Bring a stamped, self-addressed envelope to the clinic for thyroid results.

NOTE:

Dogs scheduled for hips and/or elbows cannot be given any food or water after 9PM the night before.

Directions: I –95 north or south to exit 13, make a right turn at the end of the exit ramp. Proceed approximately ¼ mile. The hospital is on the left between McDonald's and the Shell station.

**ALL BREED SUPER HEALTH CLINIC
PRE – REGISTRATION ONLY**

Deadline – January 14, 2012

For more information, please visit our website: www.hvgrc.org or e-mail phyllis.ward@mindspring.com or call 914-764-4185.

Name _____

Tel# _____ e-mail _____

Address _____

Cancellation policy—Appointments cancelled after confirmation but prior to January 14 will be subject to a 20% cancellation fee. Cancellations after January 14th will be subject to a 30% cancellation fee.

Number of dogs _____ Breed of dog(s) _____

Dog's name	Eyes	Heart	Hips	Elbows	Thyroid	Snap4DX	Microchip
1.							
2.							
3.							
4.							
5.							

Preferred appointment time 8a.m.- 12 p.m. _____ 12 p.m. – 4p.m. _____

Note: Appointment times cannot be guaranteed; requests will be accommodated to the extent possible. Confirmations will be mailed approximately 7 days prior to clinic date.

AMOUNT ENCLOSED: \$ _____

Make check payable to HVGRC and mail to: Phyllis Ward, 314 Stone Hill Road, Pound Ridge, NY 10576.