

Jersey Skylands Labrador Retriever Club, Inc.
ALL BREED CANINE HEALTH CLINIC
SUNDAY, April 25, 2010, 10:00 AM to 1:00 PM

LOCATION: **FLANNERY ANIMAL HOSPITAL PC**, 789 Little Britain Rd., New Windsor (Newburgh), NY 12563 845-565-7387

DIRECTIONS: From East/West - Rt. 84 to Exit 7B (Rt. 300 South) Continue on Rt. 300 South to T intersection. Turn left on Rt. 300/207. Take left at first light. Flannery Animal Hospital is first driveway on right.

From North/South – NYS Thruway (Rt. 87) to Exit 17 (Newburgh.) Follow signs for Rt. 300 South. Continue as above.

EYE EXAMS: **Marjorie Neaderland, DVM, ACVO Diplomate** Purdue University. Dogs must be over 7 weeks of age. CERF forms provided. **BRING REGISTRATION CERTIFICATE AND PERMANENT ID INFORMATION.**

HEART EXAMS: **Jean-Paul Petrie, DVM, DACVIM Cardiologist.** OFA forms will be provided. **BRING REGISTRATION CERTIFICATE AND PERMANENT ID INFORMATION.** Pre-registration and payment is strongly recommended; lack of interest will result in cancellation of this service.

MICROCHIP: Home Again Microchip will permanently identify your dog. AKC now requires that all dogs be microchipped or tattooed for OFA and CERF registration. Home Again registry form will be provided.

BLOOD TESTS: Results available within minutes and strictly CONFIDENTIAL - See Registration form for list of services. Heartworm medication will be available for purchase from Flannery Animal Hospital with a negative heartworm test result.

RABIES: Certificate will be provided on site. Bring proof of previous vaccination, if available.

REGISTER: ***Pre-Registration by 4/21/10. Fill out form and mail with appropriate fees as indicated. Appointments will be scheduled on a first come-first served basis. Every effort will be made to schedule your appointments in the time frame requested.*** WALK INS WILL BE SEEN AS TIME ALLOWS.

FMI: Contact Karen Lolli (845) 283-5725 for more information or to register by phone.

PLEASE RETURN COMPLETED FORM BY **4/21/10** with your **NON-REFUNDABLE CHECK MADE OUT TO JSLRC, INC.**
 MAIL TO: **Karen Lolli, 82 Old Mansion Road, Chester, NY 10918**

Name: _____ Telephone _____

Address: _____

City: _____ State: _____ Zip: _____ email: _____

TIME SLOT PREFERRED, **PLEASE NUMBER 1-3** IN ORDER OF PREFERENCE:

___ 10:00-11:00 ___ 11:00-12:00 ___ 12:00-1:00

SERVICES	UNIT COST X # OF DOGS	= EXTENDED AMOUNT
ACVO EYE EXAM	\$28.00 X	= \$
MICROCHIP	\$28.00 X	= \$
HEARTWORM/LYME/EHRlichia	\$32.00 X	= \$
AUSCULTATION ONLY	\$45.00 X	= \$
ECHOCARDIOGRAM(includes auscultation)	\$195.00 X	= \$
RABIES	\$17.00 X	= \$
	TOTAL:	= \$

I HEREBY RELEASE FLANNERY ANIMAL HOSPITAL PC., JSLRC, INC., ITS MEMBERS AND AGENTS FROM ANY AND ALL INJURIES OR LOSSES SUSTAINED BY MYSELF OR MY DOG(S) WHILE AT THIS HEALTH EVENT.

Please sign: _____