

**Jersey Skylands Labrador Retriever Club, Inc.**  
**ALL BREED CANINE HEALTH CLINIC**  
**SUNDAY, May 1, 2011 , 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 4/25/11. 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 **4/25/11** 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

<b>SERVICES</b>	<b>UNIT COST</b>	<b>X # OF DOGS</b>	<b>= EXTENDED AMOUNT</b>
ACVO EYE EXAM	\$29.00	X	= \$
MICROCHIP	\$28.00	X	= \$
HEARTWORM/LYME/EHRlichia	\$32.00	X	= \$
AUSCULTATION ONLY	\$45.00	X	= \$
ECHOCARDIOGRAM(includes auscultation)	\$205.00	X	= \$
RABIES	\$17.00	X	= \$
	<b>TOTAL:</b>		= \$

**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:** \_\_\_\_\_