



ALL BREED CANINE HEALTH CLINIC
SUNDAY, FEBRUARY 2, 2014
9:00 AM TO 2:00 PM

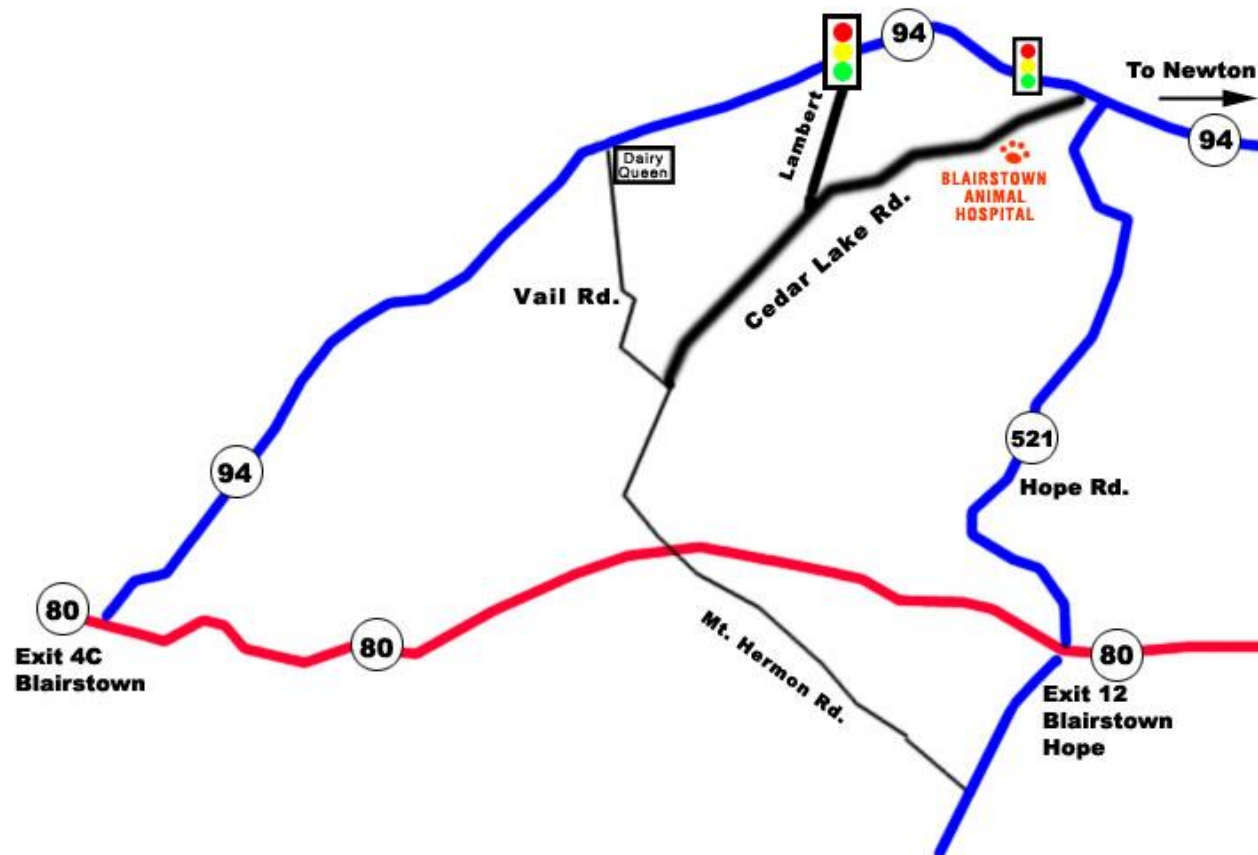
	ALL RESULTS STRICTLY CONFIDENTIAL REGISTRATION FORM on page 3.
LOCATION:	<u>BLAIRSTOWN ANIMAL HOSPITAL</u> , 29 CEDAR LAKE RD., BLAIRSTOWN, NJ 07825-9641 Easily accessible from Rt. 80 or Rt. 94. Directions and Map on Page 2
EYE EXAMS:	<u>Michael J. Ringle DVM</u> Diplomate ACVO Ophthalmologist (Red Bank Veterinary Hospital). Dogs must be over 7 weeks old. Please bring AKC reg. & permanent ID Info.
HEART EXAMS:	<u>Karen Meltzer-Driben VMD</u> Diplomate ACVIM Cardiology (Red Bank Veterinary Hospital). Please bring AKC Reg. & Permanent ID Info (OFA fee reduced)
BAER TEST	<u>Dr. Ellis Loew</u> (Cornell) Please bring AKC Reg. & Permanent ID Info (OFA fee reduced).
OPTIGEN TESTS: Special 20/20 Clinic Fee 20%-25% off.	See <u>Optigen Website For Tests Offered</u> . Select cheek swab or blood draw on OUR Registration Form. Pre-registration and payment to "Optigen", is absolutely required, as a minimum of twenty (20) tests must be batched to get the discount! Optigen Test Request Forms should be completed ONLINE and printed, at <u>Optigen</u> between 1/18/14 - 2/03/14 using clinic code JSLRCx4 for an additional 5% off, making the total discount 25%. Optigen will send results directly to each owner. Bring completed Optigen Form with payment made payable directly to "Optigen".
EIC TEST:	Exercise Induced Collapse Test. See <u>VDL Website</u> . Select cheek swab or blood draw on OUR Registration Form. EIC Test Request Forms should be completed ONLINE at <u>VDL</u> and printed. Bring completed ADL Form with payment made payable directly to "U of M VDL".
MICROCHIPS:	Home Again Microchip provides permanent identification. AKC CAR & Home Again forms provided.
VACCINATIONS & BLOOD TESTS:	See Registration Form attached for list of services. Vaccination certificates will be provided. Lab results will be mailed directly to the owner, <u>PLEASE BRING A SELF ADDRESSED STAMPED ENVELOPE FOR BLOOD TEST RESULTS.</u> Any test NOT listed please call for price / availability.
PRE-REGISTER:	By 01/25/14. Mail completed form 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 IF TIME ALLOWS.
FOR MORE INFO:	Donna Forte (973) 729-6211 or email <u>brookberry@embarqmail.com</u> . Leave message to be contacted.

DIRECTIONS AND MAP:

29 Cedar Lake Road
 Blairstown, NJ 07825-9641
 908-362-6430

From points east: Route 80 west, exit 12, right at bottom of ramp to Route 521 North to end (several miles). Left on Route 94 ("The Forge" restaurant on corner), next left onto Cedar Lake Road - CR 616, approximately 1 mile on left.

From points west: Route 80 east, exit 4C to Route 94, go 9 miles, through Blairstown, straight over bridge, right onto Cedar Lake Road - CR 616, approximately 1 mile on left.



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PLEASE RETURN THE COMPLETED FORM BY **01/25/14** with a **NON-REFUNDABLE CHECK PAYABLE TO JSLRC, INC.**
 INCLUDE YOUR **EMAIL ADDRESS** OR SELF-ADDRESSED STAMPED POSTCARD FOR CONFIRMATION & TIME SLOT.
 MAIL TO: **Donna Forte, 2 Sharon Dr, Sparta, NJ 07871**

Print Your Name: _____ Phone: _____ Cell: _____
 Address: _____
 City: _____ State: _____ Zip: _____ email: _____

TIME SLOT PREFERRED, **PLEASE NUMBER 1-5** IN ORDER OF PREFERENCE:
 _____ 9:00-10:00 _____ 10:00-11:00 _____ 11:00-Noon _____ Noon-1:00 _____ 1:00-2:00

Services – Put an “X” in each box under each name	Call Name	Call Name	Call Name	Call Name	Call Name	Call Name	Call Name	Unit Cost	= Ext. Amt.
Enter Each Dog’s Call Name >									
ACVO EYE EXAM on OFA Form								__X \$30	
CARDIAC AUSCULTATION								__X \$40	
ECHOCARDIOGRAM								__X \$205	
BAER (first dog \$45 additional dogs \$35)								__x\$45 __x\$35	
OPTIGEN / EIC vet fees: Blood at \$10; Swab at \$5								__x\$10 __x\$5	
MICROCHIP								__X \$25	
RABIES VACCINE 1 year or 3 year								__X \$20	
CORE VACCINES – DA2PP								__X \$20	
LYME VACCINE								__X \$25	
BORDETELLA INTRANASAL VACCINE								__X \$15	
LEPTO 4 STRAIN VACCINE								__X \$25	
SNAP 4 - Heartworm/Lyme/Ehrlichia/Anaplasmosis								__X \$40	
WELLNESS PROFILE – Chemistry; CBC; T-4 and Free T-4; Urinalysis (please bring urine sample)								__X \$135	
OFA THYROID PANEL (enclose separate check to OFA @ \$7.50 per test)								__X \$100	
Sr Profile (Chemistry & CBC)								__X \$90	
TITER TEST Canine Distemper/Parvo								__X \$90	
THYROID TEST Free T-4 only								__X \$60	
THYROID TEST T-4 only								__X \$45	
BRUCELLA TEST								__X \$50	
Urinalysis								__X \$25	
Urine Protein: Creatinine ratio								__X \$65	
Fecal Test (centrifugation & Giardia ELISA)								__X \$30	
								TOTAL	

I HEREBY RELEASE PARTICIPATING VETERINARIANS, 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: _____

Date: _____