



JERSEY SKYLANDS LABRADOR RETRIEVER CLUB, INC.

2026 ALL-BREED CANINE HEALTH CLINIC

Healthy Dogs. Stronger Breeding. Brighter Futures.



Join us for a convenient opportunity to complete important OFA health clearances and wellness testing in one location with experienced veterinary specialists.

A proactive step today for a lifetime of health.

AVAILABLE SERVICES



ACVO/OFA Eye Examinations



Distemper & Parvovirus Titers



Cardiac Auscultation



Brucella Testing



Echocardiograms
(OFA Cardiac Certification)



4DX Tick Disease Screening



OFA Thyroid Testing



AKC Microchipping

VETERINARY SPECIALISTS

EYE EXAMINATIONS

Dr. Michael J. Ringle, DVM, DACVO
Board-Certified Veterinary Ophthalmologist
Red Bank Veterinary Hospital

CARDIOLOGY & MICROCHIPPING

Dr. Katie Hart (Pesce), VMD, DACVIM
(Cardiology)
Red Bank Veterinary Hospital

THYROID, TITERS, BRUCELLA & 4DX TESTING

Dr. John Lovell, DVM
Animal Hospital of Sussex County

IMPORTANT INFORMATION



**REGISTRATION DEADLINE:
AUGUST 20, 2026**

Appointments are scheduled according to your preferred time whenever possible.



**ECHO APPOINTMENTS
FILL QUICKLY!**

We encourage early registration to reserve your preferred appointment time.



**WALK-INS & LATE
REGISTRATIONS**

May be accommodated at the end of the clinic if appointment times remain available.



QUESTIONS?

Email:
WillOMoorLabs@gmail.com

**2026 ALL-BREED
CANINE HEALTH CLINIC**
SUNDAY, AUGUST 30, 2026
9:00 AM – 2:00 PM

Thank you

for participating in the Jersey Skylands
Labrador Retriever Club Health Clinic.

Please complete this form and
**email it with payment by
August 20, 2026.**



**EMAIL COMPLETED FORM &
PAY BY VENMO (PREFERRED):**

WillOMoorLabs@gmail.com



VENMO (PREFERRED):
[@JerseySkylandsLRC](https://www.venmo.com/@JerseySkylandsLRC)

(Please include your name
in the payment note)



**MAIL CHECK AND
COMPLETED FORM TO:**

Kim Horn
32 Fairview Ave
Long Valley, NJ 07853

**All checks must be received
by August 20, 2026.**



**Animal Hospital
of Sussex County**

169 Hampton House Road
(Route 206)
Newton, NJ 07860



*Thank you for supporting responsible breeding
and the health of our dogs!*



All results are strictly confidential.

Registration form on reverse side. →



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EMAIL COMPLETED FORM &
PAY BY VENMO (PREFERRED):
WillOMoorLabs@gmail.com



VENMO (PREFERRED):
[@JerseySkylandsLRC](https://www.venmo.com/@JerseySkylandsLRC)
(Please include your name
in the payment note)



MAIL CHECK AND
COMPLETED FORM TO:
Kim Horn
32 Fairview Ave
Long Valley, NJ 07853
Checks payable to JSLRC
All checks must be received
by August 20, 2026.

OWNER INFORMATION

Name: _____ Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

PREFERRED APPOINTMENT TIME

(Number your top 5 choices: 1 = most preferred)
We will do our best to accommodate your preferences.

9:00 – 10:00 AM _____	10:00 – 11:00 AM _____	11:00 AM – Noon _____	Noon – 1:00 PM _____	1:00 – 2:00 PM _____
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Appointments will be scheduled after payments are received and will be posted on www.jslrc.com by August 29.

DOGS & REQUESTED SERVICES

List up to 6 dogs. Use Call Name for identification. Check (✓) each test requested.

#	BREED OF DOG	CALL NAME	EYE (\$50)	HEART AUCS. (\$75)	ECHO (INCL. AUCS.) (\$350)	THYROID MSU (\$160)	DISTEMPER TITER (\$80)	PARVO TITER (\$80)	BRUCELLA (\$75)	4DX SNAP (\$55)	MICROCHIP AKC CHIP (\$30)	TOTAL PER DOG
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

PAYMENT INFORMATION

Payment Method: Venmo (Preferred) Check

(Walk-ins must pay by Venmo or Cash.)

All checks must be received by August 20, 2026.

Walk-ins must pay by Venmo or Cash.

GRAND TOTAL AMOUNT DUE

\$ _____

ADDITIONAL NOTES:

LIABILITY RELEASE

I hereby release participating veterinarians, Jersey Skylands Labradre Retriever Club, , its members and agents from any and all injuries or losses sustained by myself or my dog(s) while at this health event.

Signature: _____

Date: _____

NO REFUNDS POLICY

All payments for this clinic are non-refundable. No refunds will be issued for cancellations, no-shows, or services not used.



We appreciate your cooperation in helping make this clinic a safe, efficient, and positive experience for everyone.

Thank you!

