

HEALTH CLINIC REGISTRATION FORM

DEADLINE - APRIL 1, 2017 POSTMARK

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ E-Mail: _____

BAER TESTS - if a dog is entered in a class on Wednesday, May 3, please list the class entered, so that we may schedule accordingly: _____

Number of Dogs to be BAER tested: _____ x \$55 = BAER Total: \$ _____

Best time for your appointment:

9:00am-12:00pm 12:00pm-2:00pm 2:00pm-4:00pm

A minimum of 40 dogs must be pre-registered for BAER clinic

OPTIGEN 40/40 BLOOD DRAW - if a dog is entered in a class on Wednesday, May 3, please list the class entered, so that we may schedule accordingly: _____

_____ x \$10 = Blood Draw Total: \$ _____

Best time for your appointment:

9:00am-12:00pm 12:00pm-2:00pm 2:00pm-4:00pm

MICROCHIPPING -

Number of Dogs for Microchips: _____ x \$45 = Microchip Total: \$ _____

OFA THYROID PANEL - If a dog is entered in a class on Wednesday, May 3, please list the class entered, so that we may schedule accordingly: _____

Fill out the OFA form and bring to your appointment.

Downloadable at the OFA site: www.offa.org/pdf/thyapp_bw.pdf

OFA Full Thyroid Panel _____ x \$110.00 each = \$ _____

Number of dogs for blood draw _____ x \$10 = Blood Draw Total: \$ _____

OFA Thyroid Total: \$ _____

Best time for your appointment:

9:00am-12:00pm 12:00pm-2:00pm 2:00pm-4:00pm

PATELLA CERTIFICATION -if a dog is entered in a class on Wednesday, May 3, please list the class entered, so that we may schedule accordingly: _____

Fill out the OFA form and bring to your appointment.

Downloadable at the OFA site: www.offa.org/pdf/PLapp_bw.pdf

Patella Certification _____ x \$25.00 each = \$ _____

Patella Check for puppies under 12 months _____ x \$15.00 each = \$ _____

Best time for your appointment:

9:00am-12:00pm 12:00pm-2:00pm 2:00pm-4:00pm

EYE CERTIFICATION -if a dog is entered in a class on Wednesday, May 3, please list the class entered, so that we may schedule accordingly: _____

Fill out the OFA form and bring to your appointment.

OFA _____ x \$55.00 each = \$ _____

Best time for your appointment:

9:00am-12:00pm 12:00pm-2:00pm 2:00pm-4:00pm

A minimum of 40 dogs must be pre-registered for Eye clinic

TOTAL PAYMENT to the ECSCA Health Clinic: \$ _____

Make Health Clinic Checks Payable to ECSCA, Inc. and mail clinic form to:

Dr. Bruce Barrett, 5040 Glenview Street, Chino Hills, CA 91709

bbdvm2@aol.com