



New Location

Canine Curbside Health Clinic

Sunday February 12, 2023 10 am - 3 pm

Polite Pooches
2211 Commerce Rd Unit 1B
Forest Hill, MD 21050



New Location

OFA/CAER Eye Screening Dr. Nancy Bromberg, VMD, MS, DACVO — \$60 per dog

Report to clinic 15 minutes before appointment so eyes drops can be applied.

After Pre-Registration—Fill out Exam form on OFA online & **bring a printed copy to clinic.**

OFA Cardiac Testing Dr. Megan King, VMD, DACVIM , Board Certified

Auscultation -- \$55 per dog, Echocardiogram -- \$300 per dog

Fill out Basic Cardiac (auscultation) form at www.ofa.org & **bring a printed copy to clinic.**

Forms for Advanced Cardiac (echo) will be available at the clinic.

Bring your dog's **AKC registration & permanent ID information** to clinic.

This clinic is for clearance of breeding dogs or dogs being screened by breeders for heart/eye disease.

This is NOT for dogs with known heart/eye disease or dogs currently on cardiac/eye medication.

Pre-Registrations must be received no later than Friday, January 27, 2023

- Exam appts will be given, on a first come basis, by pre-registration & pre-payment only.
- Register early to assure you get an appt. We over fill each year.
- After the deadline— \$10 late fee will be applied per exam —**if** appts. are still available.
- No cancellation refunds will be granted after February 2nd.
- We must receive your pre-registration in the mail before you fill out online forms.
- The clinic will run curbside style. After checking in at table, you will wait in your car with your dogs. An assistant will accompany your dog into the exam room.
- The doctors will contact you if a consultation is needed.
- We reserve the right to refuse an exam for any aggressive/ unruly dogs.
- For more info contact: Linda-- kisamore1@gmail.com or 443-424-0092

Health Clinic February 12, 2023

PRE-REGISTRATION FORM

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Breed: _____

Circle Exam Requested

Dog's Call Name: _____ eye ausc. echo

Dog's Call Name: _____ eye ausc. echo

Dog's Call Name: _____ eye ausc. echo

Dog's Call Name: _____ eye ausc. echo

Dog's Call Name: _____ eye ausc. echo

Dog's Call Name: _____ eye ausc. Echo

Total number of each Exam:

_____ Eye exam (\$60 each) _____ Auscultation (\$55 each) _____ Echocardiogram (\$300 each)

Total Enclosed: _____

Preferred Appt Time: (circle) 10-11-12, 1-2-3

Pre-Registrations must be received no later than Friday, January 27, 2023

Mail completed pre-registration with check made payable to: **CGRC**

Linda Billings
3634 Ady Rd
Street, MD 21154