



Canine Curbside Health Clinic

Sunday February 4, 2024 9 am - 3 pm

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

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

AFTER **Pre-Registration is mailed**—Fill out Exam form at OFA online &
bring a printed copy to clinic.

OFA Cardiac Testing Dr. Megan King, VMD, DACVIM , Board Certified
Auscultation -- \$60 per dog, Echocardiogram -- \$310 per dog

AFTER **Pre-Registration is mailed**—

- * Fill out Basic Cardiac (auscultation) forms at www.ofa.org & **bring a printed copy to clinic.**
- * Advanced Cardiac (Echo) forms will be filled out at the clinic.
- * Important: 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 Saturday- January 20, 2024

- Exam appts will be given when pre-registration & pre-payment are received in the mail.
You will receive an email confirming we have received your pre-registration.
- Exam schedule appointments will be sent out 1 week before clinic date.
- 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 available.
- No cancellation refunds will be granted after February 1st.
- We must receive your pre-registration in the mail before you fill out online forms.
- Report to clinic 15 minutes before appointment so eyes drops can be applied.
And paperwork can be completed if needed.
- 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 4, 2024

PRE-REGISTRATION FORM

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Circle Exam Requested

Breed: _____	Call Name: _____	Eye	Ausc.	Echo
Breed: _____	Call Name: _____	Eye	Ausc.	Echo
Breed: _____	Call Name: _____	Eye	Ausc.	Echo
Breed: _____	Call Name: _____	Eye	Ausc.	Echo
Breed: _____	Call Name: _____	Eye	Ausc.	Echo
Breed: _____	Call Name: _____	Eye	Ausc.	Echo
Breed: _____	Call Name: _____	Eye	Ausc.	Echo

Total Exams: _____

Total number of each Exam:

_____ Eye exam (\$60 each) = _____

_____ Auscultation (\$60 each) = _____

_____ Echocardiogram (\$310 each) = _____

Total Enclosed: _____

Preferred Appt Time: (circle) 9—12, 1— 3

Pre-Registrations must be received no later than Saturday, January 20, 2024

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

Linda Billings
3634 Ady Rd
Street, MD 21154