

GARDEN STATE GOLDEN RETRIEVER CLUB, INC.

Super Health Clinic - Open To All Breeds

Sunday April 28, 2019 8:00AM to Conclusion

Pleasant Valley Veterinary Services 32 Pleasant Valley Road Washington, NJ 07882

Screening	Fee	Administrator	Comments
OFA Hips <u>OR</u> Elbows	\$200	Dr. Mary Stankovics	<u>All Xrays</u> Anesthesia – Dexdomitor and Torbugesic. Consent form required <u>OFA</u> Xrays will be digitally submitted to OFA. All OFA and handling fees included <u>PennHip</u> All fees for PennHip included
Hips <u>AND</u> Elbows	\$275		
PennHip Hips	\$330		
PennHip & OFA Hips	\$375		
PennHip <u>&</u> OFA Hips+Elbows	\$430		
Hearts (Auscultation) Morning Appointments Only	\$45		
Eyes	\$40	Dr. Gordon D. Peddle Board Certified Cardiologist	OFA fees not included OFA discount available
Heartworm & TBD Screening Snap Test	\$40	Dr. Kristina Vygantas Board Certified Ophthalmologist	OFA fees not included OFA Discount available
Titers	\$75	Pleasant Valley Vet Services	Idexx SNAP 4DX
Thyroid (For Clearance ONLY)	\$115	University of Wisconsin - Madison	Parvo/Distemper/adenovirus
Microchip	\$25	MSU Premium Thyroid Panel	Submission to MSU & OFA included
OFA/CHIC DNA Submission Goldens Only	FREE Paid for by GRF and GSGRC	AKC ID Chip	Does not include CAR registration fee
		OFA/University of Missouri	Free submission and storage of Golden Retriever DNA for research

----- CUT HERE AND MAIL BELOW FORM -----

For more information contact Hank Hahn 201-288-0478 or Ambikagr@optonline.net

Registration Form – Deadline April 13, 2019- PRE-REGISTRATION IS REQUIRED

Mail Form to - Hank Hahn 315 Madison Ave. Hasbrouck Heights, NJ 07604-2009

Make checks payable to GSGRC

Screening	# of dogs	Fee/dog	Total
OFA Hips or Elbows		\$200	
OFA Hips & Elbows		\$275	
PennHip		\$330	
PennHip and OFA Hips		\$375	
PennHip & OFA Elbows		\$430	
Hearts		\$45	
Eyes		\$40	
Heartworm & TBD (SNAP)		\$40	
Titers		\$75	
Thyroid		\$115	
AKC Microchip		\$25	
OFA DNA Submission - Goldens Only		FREE	
TOTAL ENCLOSED	XXXX	XXXXXX	

PLEASE ENTER DOG INFORMATION ON REVERSE SIDE OF FORM

Name _____ Address _____

Town _____ State _____ Zip _____ Phone _____

Preferred time 8-11:59 AM or After 12PM Email _____

**GARDEN  STATE
GOLDEN RETRIEVER CLUB, INC.**