

13th ANNUAL ALL BREED HEALTH CLINIC

Hosted by:

DELAWARE VALLEY HAVANESE CLUB

Date: SUNDAY, SEPTEMBER 23RD 2018

LOCATION:

Radnor Veterinary Hosp
107 N. Aberdeen Ave
Wayne, PA 19087

FMI or reservation contact:

marylou1435@comcast.net
diane46601@comcast.net
or call (484-816-3163)

OFA (DIGITAL) X-RAY HIPS & ELBOWS (w/o anesthesia)

OFA PATELLA & MICROCHIPPING...by Dr. Stephen Meister

Hips...\$70.00 Elbows...\$60.00 Patella...\$30.00 Microchip...\$45.00

OFA EYE EXAM: Pending---Dr. not yet confirmed \$45.00

OFA CARDIAC AUSCULTATION.....Dr. J. Buchanan....\$45.00 each dog

CARDIAC DOPPLER/ECG TESTING..Dr. M. Miller....\$280.00 each dog

[Possible BAER testing — contact Marylou for status](#)

Eye Dr & Dr Buchanan... will bring necessary forms please bring all your dogs information to fill out these forms

WALK-INS WILL BE ACCOMMODATED IF SPACE PERMITS

If you need OFA forms to complete, go to:

www.ofa.org

NOTE: You must include your credit card info on the OFA x-ray forms.

Dr. Meister will submit digitals to OFA

2018 13th ANNUAL
DVHC All BREED HEALTH CLINIC reservation form

Dr. Stephen Meister
Microchips, Patella, Elbows & Hip digital X-rays (w/o anesthesia)

OFA PATELLAR exam \$30.00 OFA ELBOWS \$60.00
OFA HIPS \$70.00 Microchips \$45.00

Eye exams : Pending .. not yet confirmed \$45.00 each dog
BAER Exam: Pending Dr. Judy \$45.00 each dog

Dr. James Buchannan OFA CARDIAC auscultation \$45.00 each dog

Dr. M.Miller M.S., V,M.D DOPPLER ECHO /ECG: \$280.00 each dog

BREED OF DOG

| | | |
|-------|--|------------------|
| _____ | #_____ dogs tested for OFA BAER | Total of \$_____ |
| _____ | #_____ dogs tested for OFA Cardiac | Total of \$_____ |
| _____ | #_____ dogs microchipped | Total of \$_____ |
| _____ | #_____ dogs tested for OFA Patella. | Total of \$_____ |
| _____ | #_____ dogs tested for OFA Elbows | Total of \$_____ |
| _____ | #_____ dogs tested for OFA Hips | Total of \$_____ |
| _____ | #_____ dogs for doppler echo u/s & ekg | Total of \$_____ |
| _____ | #_____ dogs for OFA eye exam (Pending) | Total of \$_____ |

Your Check # _____ **TOTAL COST OF TESTING** \$ _____

Prefer AM / PM (circle one)

WE WILL CALL YOU TO MAKE AN APPOINTMENT

NAME _____ PHONE _____

Address _____ Email _____

You will save a great deal of time if you go to the offa web site www.offa.org & download the forms you need for your testing. Fill out the forms **before** you come. All forms for x-rays must have your credit card info. Dr Meister will submit digitals to OFA

Cardiac and Eye forms are supplied by the Doctors -- bring all your dog's information

LOCATION

Radnor Veterinary Hospital
107 N. Aberdeen Avenue
Wayne, PA 19087

Return this form & your check payable to: **DVHC**

To: C/O Marylou Mitchell
1435 Arbor Drive
Garnet Valley, PA 19060

For Info call 484 816 3163 email marylou1435@comcast or dkoch46601@comcast.net

After completing this form – make a copy so that you will have a duplicate for your records