



Puget Sound Doberman Pinscher Club

HEALTH DAY • SATURDAY, FEBRUARY 4, 2023

Kim Owen's ZenDog Services: 8728 163rd Ave NE, Granite Falls WA

BY APPOINTMENT ONLY • FILL OUT ONE FORM FOR EACH DOG

We will be following CDC and WA State health guidelines

PAYMENTS MUST BE MADE IN ADVANCE	All appointments require previous registration and payment. Paperwork will be prepared in advance. Dogs not on the schedule will not be included in the clinic — no exceptions.
DOG DROP OFF	Dr. Woodfield's assistant will be handing the dogs in the room during the exam and will have all paperwork prepared in advance.
ONE FORM PER DOG	Send both sides of this form, one for each dog, to Patti Larkin at larkin.pl@live.com no later than January 29, 2023 . We will invoice you when we receive your completed form. You may also print and mail your form to Patti (mailing address on back).
PACK YOUR PATIENCE	Appointments are approximately 30 minutes per dog. Please be on time and be patient with us as we try to safely accommodate as many dogs as possible throughout the day!

This form is interactive: Fill in the blanks and save page as PDF to email. You may also print and send by mail.

PLEASE COMPLETE BOTH SIDES OF FORM. QUESTIONS: larkin.pl@live.com

Dog's call name: _____ Breed: _____

Gender: Male | Female | Male, neutered | Female, spayed Preferred time: _____ AM _____ PM

Owner name(s) _____

Co-Owner name(s) _____

Email _____ Phone _____

Space is limited and the clinic fills quickly. We will try to meet your time preference, but cannot guarantee a time.

Return to larkin.pl@live.com (or by mail) by **Sunday, January 29**.

THE FOLLOWING SECTION MUST BE FILLED OUT IF YOU ARE GETTING AN ECHOCARDIOGRAM

Dog's registered name _____

Dog's Date of Birth (MM/DD/YY): _____ / _____ / _____ Weight: _____ kg | lbs | estimate

ID Number (microchip | tattoo | not available): _____

Dog's Registration # _____ AKC | Other

Sire Registration # _____ AKC | Other

Dam Registration # _____ AKC | Other

HOLTER: Please provide a current (within 2 months) Holter report or medication information if applicable.

Email bettydog@gmail.com to send in advance.

This form is interactive: Fill in the amount of each service you want, the total will be automatically calculated.

ONE FORM FOR EACH DOG.

Cardiology: Dr. Jerry Woodfield DVM

ASP Mobile Veterinary Services:

Dr. Victoria Peterson DVM,
Kim Owen LVT

Current PSDPC members will receive \$100 off per dog for echocardiogram and \$50 off the Total Health Plus Profile. You must be a member in good standing for three years. No other discounts offered. Dog must be owned by and living with the PSDPC member.

Total Health Plus Profile includes Cardiopet/ProBNP, CBC, 27 Chem, total T4. Add-ons below are optional.

PSDPC MEMBERS ONLY

CLUB MEMBER SUBSIDY FOR THESE SERVICES

Echocardiogram (member price **\$115**) . . .enter \$ amount >> _____

Total Health+ Profile (member price **\$90**) enter \$ amount >> _____

NON-MEMBERS

No subsidy for non-members

Echocardiogram (non-member \$215) . . . enter \$ amount >> _____

Total Health+ Profile (non-member \$140) enter \$ amount >> _____

HOLTER: Please provide a current (within 2 months) Holter report or medication information if applicable. Email bettydog@gmail.com to send in advance.

Single tests separate from Total Health Plus Profile

Cardiopet / ProBnP: **\$95** enter \$ amount > _____

Urinalysis: **\$40** enter \$ amount > _____

Fecal Panel: **\$35** enter \$ amount > _____

Brucella testing: **\$65** enter \$ amount > _____

Heartworm antigen: **\$30** enter \$ amount > _____

Additional veterinary services

DHLPP combo vaccine: **\$20** enter \$ amount > _____

Rabies vaccine: **\$10** enter \$ amount > _____

Bordetella oral vaccine: **\$15** enter \$ amount > _____

Combo flu vaccine: **\$20** enter \$ amount > _____

Microchip (Datamar/Petlink): **\$30** enter \$ amount > _____

Health Certificate: **\$25** enter \$ amount > _____

Other testing is available however it *must* be arranged and confirmed in advance.

Dogs not on the schedule will not be included in the clinic – no exceptions.

TOTAL \$_____

RETURN COMPLETED FORM(S) BY SUNDAY, JANUARY 29 TO:

Patricia Larkin • larkin.pl@live.com

724 Hoyt Ave • Everett WA 98201

We will send confirmation, any additional details and schedule via email.

INVOICED

PAYMENT RECEIVED

TIME: _____