



PSDPC HEALTH DAY SUNDAY, FEBRUARY 18

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

BY APPOINTMENT ONLY

ALL PAYMENTS MUST BE MADE IN ADVANCE

Dogs not on the schedule will not be included in the clinic – no exceptions. We will invoice you when we receive your completed form or you may pay by check (payable to PSDPC) and mail to Patti Larkin. Completed forms must be received by mail or at larkin.pl@live.com no later than **February 10**.

Cardiology: Dr. Jerry Woodfield DVM • Veterinary Tech Services: Kim Owen LVT

ONE FORM FOR EACH DOG

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

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

Owner name(s) _____ PSDPC Member? _____

Email _____ Phone _____

REQUIRED: Please read carefully and sign below

EXAM LIMITS: The PSDPC Health Day is intended only as a breed screening exam and does not include diagnostics or follow-up support. Veterinarians in attendance as well as the veterinary technician will only present you with the results of your screening and/or lab results. Time constraints will not allow them to give a medical opinion or treatment options. Any follow-up or additional diagnostics must be with your regular veterinarian or by a separate appointment scheduled with a cardiologist or other specialist.

LIABILITY: The PSDPC and its representatives reserve the right to refuse service to any individual who fails to abide by the rules of the event or disrespects, misuses or abuses the event volunteers or the event property. *Any dog exhibiting any type of aggressive or overly fearful behavior will be immediately removed.* In either case no refunds will be issued.

PSDPC MEMBER SUBSIDY: The PSDPC Board of Directors voted to maintain the club health day stipend, however it will now be merit based. Per the Board, active PSDPC members who have provided volunteer hours or donations to the Club will receive a subsidy credit, applicable to the Echocardiogram (\$100) and the Total Health Plus Profile (\$50). Stipends are earned from the December Health Day 2023 to the December Health Day 2024, are determined by the Board and maintained by the Treasurer, and are non-transferable. See **Health Day** on our website (psdpc.org/healthday) for qualifications and more details. Please contact **Elaine Hopper, PSDPC Club Treasurer** at StarlaineK9@msn.com with all subsidy questions.

Signature (required): _____ Date: _____

SIGNED

SUBSIDY

INVOICED

PAYMENT REC'D

APPT. TIME: _____

ECHOCARDIOGRAM

ECHOCARDIOGRAM: **\$215** enter amount > _____

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

Date of latest Holter reading: _____ Date of last echocardiogram (if applicable): _____

Cardiology medication(s) if applicable: _____

Please provide a current (within 2 months) Holter report. You can send in advance to bettydog@gmail.com.

If Dr. Woodfield has previous records for this dog, please let us know.

LAB WORK

TOTAL HEALTH PLUS PROFILE: **\$160** enter amount > _____

Total Health Plus Profile includes Cardiopet/ProBNP and CBC, 27 Chem, total T4. Additional options below are separate.

Testing **SEPARATE** from Total Health Plus Profile

Vaccines and other services

Cardiopet / ProBnP only: **\$105** . enter amount > _____

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

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

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

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

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

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

Microchip: **\$30** enter amount > _____

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

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

TOTAL DUE \$_____

Other testing is available however it *must* be arranged and confirmed in advance. **Dogs not on the schedule will not be included in this clinic – no exceptions.**

- Subsidy qualification, per list provided by Club Treasurer*
- Please invoice me via PayPal
- Check enclosed, payable to PSDPC

* The Club Treasurer will keep an annual list of those who have earned stipend credits and provide that info to the Health Day coordinators. The Health Day coordinators do not determine the credits earned but will apply the stipend to your invoice. Please email StarlaineK9@msn.com with any stipend questions.

RETURN BY FEBRUARY 10 to Patricia Larkin • larkin.pl@live.com

Mailing address: 724 Hoyt Ave • Everett WA 98201

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