



PSDPC HEALTH DAY

SUNDAY, MARCH 15 at **KIM OWEN'S ZEN DOG SPA**

8728 163rd Ave. NE, Granite Falls WA 98252

BY APPOINTMENT ONLY

Dr. Jerry Woodfield DVM • Kim Owen LVT

ONE FORM PER DOG

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

Dog's call name: _____ Breed: _____

Dog's date of birth: _____ Preferred time: _____ AM _____ PM
Space is limited. We will do our best to meet your time preference, but cannot guarantee a time.

Owner name(s) _____

Email _____ Phone _____

PAYMENTS MUST BE MADE IN ADVANCE

Return form to larkin.pl@live.com or by mail by **March 8**. We will invoice you via PayPal or you may pay by check (payable to PSDPC).

SUBSIDY REQUIREMENT: The PSDPC Board of Directors approved health day subsidy credits **only** to active PSDPC members who have provided volunteer hours or donations to the Club. The Subsidy is \$100 for Echocardiogram and \$50 for the Total Health Plus Profile. Other services do not apply. Subsidy credits are (1) earned in the calendar year, (2) are determined by the PSDPC Board, (3) maintained by the Treasurer, and (4) are non-transferable. Dogs must be owned and live with the club member earning the subsidy credit. See **Health Day** at psdpc.org/healthday for more information.

No same-day appointments. No drop ins. No exceptions.

Clinic is scheduled as we receive completed forms, first come/first served, at larkin.pl@live.com or by US mail.

Priority is given to active PSDPC Members, followed by any non-club member Doberman Pinschers, then all other dogs.

Echocardiograms: Limited to 22 dogs. Cardiologist and assistant will hold dogs in the exam room and owners will remain in the waiting area.

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 immediately be removed.* In either case no refunds will be issued.

EXAM LIMITS: The PSDPC Health Day is intended solely as a breed screening and does not include diagnostics or follow-up support. Veterinarian in attendance as well as the veterinary technician will present you with the results of your screening and/or lab results. Medical opinion or treatment options are not offered at this clinic. Services provided at the PSDPC Health Day clinic do not imply any further care will be provided. Follow-up or other diagnostics must be with your own primary veterinarian, cardiologist or other specialist.

Signature (required): _____ **Date:** _____

RETURN BY MARCH 8 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.

LAB WORK

TOTAL HEALTH PLUS PROFILE (THPP): **\$185** enter amount > _____

THPP bloodwork includes comprehensive CBC, Chem 27 and total T4 and includes Cardiopet/ProBNP. Additional options below are separate.

Other services separate from THPP above. Note: the ProBnP test is included in the above THPP bloodworkk.

Cardiopet/ProBnP only: **\$125** enter amount > _____ DHLPP combo vaccine: **\$35** enter amount > _____

Urinalysis: **\$45** enter amount > _____ Rabies vaccine: **\$25** enter amount > _____

Fecal Panel: **\$40** enter amount > _____ Bordetella oral vaccine: **\$30** enter amount > _____

Brucella testing: **\$70** enter amount > _____ Microchip: **\$35** enter amount > _____

Heartworm antigen: **\$40** enter amount > _____ Health Certificate: **\$25** enter amount > _____

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

ECHOCARDIOGRAM

ECHOCARDIOGRAM: See below for dog information **\$225** enter amount > _____

TOTAL DUE \$ _____

Subsidy information below Please invoice me via PayPal Check enclosed, payable to PSDPC

HAS THIS DOG BEEN TO A PREVIOUS PSDPC CLINIC?

YES? If this dog **HAS BEEN** at a previous clinic, we only need the most recent Holter* & any medication

Date of recent Holter*: _____ Cardiology medication(s) if applicable: _____

FIRST ECHOCARDIOGRAM FOR THIS DOG?

If this dog **has NOT** been at a previous PSDPC Health Day, you must fill out all information below.

Date of recent Holter*: _____ Cardiology medication(s) if applicable: _____

Dog's registered name _____

Gender: Male Female Male, neutered Female, spayed

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

* Please forward Holter report to bettydog@gmail.com or bring paperwork with you

PSDPC Subsidy for Club Volunteers: Subsidy is \$100 for echocardiogram and \$50 for THPP. Other services do not apply.
See PSDPC website for details (psdpc.org/healthday).

Total with subsidy \$ _____