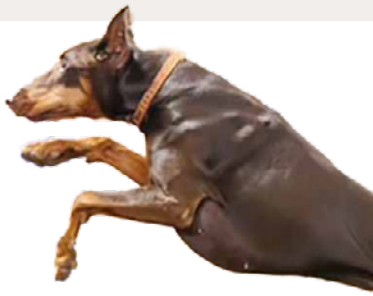
2027 PSDPC HEALTH DAYS

One form per dog, please complete all eight sections below (as applicable).
By appointment only. Questions: **larkin.pl@live.com**



1: Choose date / location

◯ **South** **Saturday, January 9 at Gold Star Dog School**
1530 22nd St NW, Suite 103, Auburn

◯ **North** **Sunday, March 14 at Kim Owen's Zen Dog Spa**
8728 163rd Ave. NE, Granite Falls

2: Dog information

Dog's call name _____ Breed _____

Dog's date of birth _____ Preferred time _____ AM _____ PM

Owner name(s) _____

Email _____ Phone _____

3: New or Return Visit?

◯ This dog **has been** to a previous PSDPC clinic. Please provide a Holter within three months of clinic date and any cardiology medication. See **website** for club Holter rental information.
Date of recent Holter* _____ Cardiology medication(s) if applicable _____

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

◯ This is a **new** dog. All information in Section 7 New dog on the following page must be completed.

4: Check box for each service requested

☐ **Echocardiogram** $230 . . . . . _____
If this is a ***new*** dog to a PSDPC clinic, please fill out Section 7 on the following page.

☐ **Total Health Plus Profile (THPP)** $195 . . . . . _____
Includes Cardiopet/ProBNP, comprehensive CBC, Chem 27 and total T4.

Options below are separate from THPP. Additional testing may be available on request.

☐ Urinalysis: $45 . . . . . _____
☐ Fecal Panel: $40 . . . . . _____
☐ Brucella testing: $70 . . . . . _____
☐ Heartworm antigen: $40 . . . . . _____
☐ DHLPP combo vaccine: $35 . . . . _____
☐ Rabies vaccine: $25 . . . . . _____
☐ Bordetella oral vaccine: $30 . . . . _____
☐ Microchip: $35 . . . . . _____
☐ Health Certificate: $25 . . . . . _____
☐ ProBnP only: $125 . . . . . _____

Note: ProBnP is included in THPP above

5: If applicable, check PSDPC Subsidy box

☐ I am a working club volunteer. See next page for qualifying information. Subsidies apply only to the echocardiogram ($100) and THPP ($50), and cannot be applied to any other service.

SEE NEXT PAGE FOR PAYMENT INFORMATION ›

6: Payment information

Payment must be made in advance.

◯ Send me an invoice via PayPal

◯ Check enclosed: *mailing address on following page*

Total $ 0

Subsidy amount *if applicable* $_____

Total due after subsidy $ 0

7: New dog for echocardiogram? *This section is **only** for dogs not previously seen at a PSDPC Health Day*

Date of recent Holter* _____ Cardiology medication(s) ? _____

Dog's registered name _____

Gender ☐ Male ☐ Female ☐ Male, neutered ☐ Female, spayed

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

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

8. Health Day Information (The Fine Print)

Please read and sign below, acknowledging acceptance of PSDPC Health Day terms.

Puget Sound Doberman Pinscher Club Health Day Clinic providers are board-certified cardiologist **Dr. Jerry Woodfield, DVM, DACVIM** and **Kim Owen, LVT**. PSDPC holds annual health days per our club charter: "To encourage and promote the breeding of pure-bred Doberman Pinschers and to do all possible to bring their natural qualities to perfection" As a Chapter Club of the DPCA we actively promote: "… further understanding of the disease, defects, injuries and other ailments that afflict dogs in general and the Doberman Pinscher in particular."

PSDPC Clinic is by appointment only. No same-day appointments. No drop ins. No exceptions. Clinic is scheduled as forms are received at **larkin.pl@live.com** or by US mail to the address below. **Priority** is given to active PSDPC Members in good standing, followed by any other non-club member Doberman Pinschers, then by all other dogs.

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

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

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 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 no imply any further care will be provided. Follow-up or other diagnostics must be with your own primary veterinarian, cardiologist or other specialist.

Payments must be made in advance. Return form to **larkin.pl@live.com** or by mail at the address below. We will invoice you via PayPal or you may include a check, payable to PSDPC. In the event of cancellation or rescheduling, full refunds will be provided.

Signature* (required) _____ Date _____

* If completing this form electronically, your typed name constitutes your signature

PUGET SOUND Doberman Pinscher Club

RETURN BY JANUARY 2 to Patricia Larkin at **larkin.pl@live.com**

Mailing address: 724 Hoyt Ave • Everett WA 98201

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