



Puget Sound Doberman Pinscher Club

HEALTH DAY • SATURDAY, DECEMBER 19

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

BY APPOINTMENT ONLY • FILL OUT ONE FORM FOR EACH DOG

Scheduling and handling for the clinic has changed this year for everyone's safety. **Masks are required.**

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.
TWO DOGS PER PERSON	If you have more than two dogs to be tested you must bring a helper to move dogs in and out of the clinic. Dr. Woodfield's assistant will be handling the dogs in the room during the exam and will have 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 Sunday, December 6. 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 20-30 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 _____

We will do our best to accommodate your time preference, however we cannot guarantee the scheduling. Spaces are limited. Return to larkin.pl@live.com by **Sunday, December 6** (mailing address on back).

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

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.

PSDPC MEMBERS

CLUB MEMBER SUBSIDY FOR THESE SERVICES

Echocardiogram (member price): \$95 ____

Total Health Plus Profile (member price): \$87 ____

NON-MEMBERS

No subsidy for non-members

Echocardiogram (non-member price): \$195 ____

Total Health Plus Profile (non-member price): \$137 ____

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

Urinalysis as add on to Total Health Plus Profile: \$35 ____

Fecal Panel as add on to Total Health Plus Profile: \$30 ____

Heartworm antigen as add on to Total Health Plus Profile: \$25 ____

Single tests separate from Total Health Plus Profile

Cardiopet / ProBnP: \$95 ____

Urinalysis: \$40 ____

Fecal Panel: \$35 ____

Brucella testing: \$65 ____

Heartworm antigen: \$30 ____

Additional veterinary services

DHLPP combo vaccine: \$20 ____

Rabies vaccine: \$10 ____

Bordatella oral vaccine: \$15 ____

Combo flu vaccine: \$20 ____

Microchip (Datamar/Petlink): \$30 ____

Health Certificate: \$25 ____

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, DECEMBER 6 TO:

Patricia Larkin • larkin.pl@live.com

724 Hoyt Ave • Everett WA 98201

We will send confirmation, any additional details and schedule via email by **Sunday, December 13.**

INVOICED

PAYMENT RECEIVED

TIME: _____