2017 ALL BREED HEALTH CLINIC

SUNDAY
MAY 21, 2017
8am - 4pm*

Suffield Veterinary Hospital
577 East St South
(Route 159)
Suffield, CT 06078

FMI/Questions:
www.CRVGRC.org

Cathy Guglielmo
413.734.1510
WoodwindGR@comcast.net

Christine Valls
CaledoniaGoldens@aol.com

Registration Confirmations and exam times will be emailed during the week prior to the clinic. The email will come from CaledoniaGoldens@aol.com. Please check your spam folder.

*Clinic will end at 4pm or at the completion of all scheduled appointments

Eye Exams:

Dr. Charles M. Stuhr, DVM, ACVO
Fee $30

- Minimum age for examination is eight weeks.
- Arrive 15 minutes prior to exam time to have eye drops administered and forms filled out.
- AKC registration & permanent identification is required for OFA.

Heart Exams:

Dr. Nancy Morris DVM, ACVIM in Cardiology
Auscultation Fee $45
Doppler Echo Fee $200

- Doppler Echo Fee includes Auscultation.
- **MUST PREREGISTER AT:** www.massvetcardiology.com
- Registration must be also be sent to CRVGRC per attached form
- **Payment** should be sent to **CRVGRC**, **NOT** thru massvetcardiology.com

XRAYS - Hips & Elbows:

Dr. Ann Huntington, DVM
Fee $225

- Limited to 15 dogs.
- Goldens will get preference.
- Contact us for weight restrictions before registering your large breed dog.
- A completed OFA Form MUST accompany this application. OFA Fee paid separately. Forms can be found at http://www.ofa.org/pdf/hdedapp_bw.pdf

Microchip:

Dr. Dawn Burke
Fee $40

Directions to SVH:
From I-91: Take Exit 47 East/West for Route 190 West to Suffield. Route 190 crosses the CT River and at the lights take a left onto Route 159 South. The Suffield Veterinary Hospital is about 2 miles on the right.

CONNECTICUT RIVER VALLEY GOLDEN RETRIEVER CLUB

2017 HEALTH CLINIC – MAY 21, 2017

PRE-REGISTRATION ONLY DEADLINE: Friday, May 12, 2016

Name:_____ Home#_____ Cell#_____

Address:_____

Email:_____

(Please write clearly, registration confirmation and exam times will be emailed out the week of the clinic)

Preferred Time(s) :____ 8-10 AM ____10-12 PM ____12-2 PM ____2-4 PM*

If no preference, check all. We will do our best to accommodate preferred timeslots.
NOTE: Due to the number of Exams requested, we may not schedule any exams between 2-4PM.

Put an "X" under each exam requested. Please list each dog separately. (see example)

Dog Call Name	Breed	Eye	Heart Auscl.	Heart Echo	XRAY	Chip	
Fido	Golden	X		X		X	
Total Exams Requested							
Unit Cost		x $30	x $45	x $200	x $225	x $40	= Total*
= Amt.							

(*sum of all columns)

SEND THIS FORM WITH CHECK PAYABLE TO CRVGRC

CATHY GUGLIELMO, 254 UPPER VIRGINIA AVE., WEST SPRINGFIELD, MA 01089

All Fees are Non-Refundable