

CONNECTICUT RIVER VALLEY GOLDEN RETRIEVER CLUB

2024 HEALTH CLINIC – MAY 19, 2024

PRE-REGISTRATION ONLY

DEADLINE: Monday May 6th*

***NOTE: We will stop taking reservations when our appointment schedule is full**

Name: _____ Cell# _____
Cell phone number required for instructions on the day of the clinic

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 time slots. Please be prepared to come at any time during the day.
 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.

Dog Call Name	Age	Breed*	Eye	Heart Auscl.	Heart Echo <small>(incl Auscl)</small>	XRAY	Chip
Total Exams Requested							
Unit Cost			x \$40	x \$60	x \$275	x \$275	x \$40
= Amt.							

XRAY appointments require additional info on the next page

*Open to all AKC Breeds

SEND THIS FORM WITH CHECK PAYABLE TO CRVGRC
 CATHY GUGLIELMO, 254 UPPER VIRGINIA AVE., WEST SPRINGFIELD, MA 01089
 All Fees are Non-Refundable*. No registrations accepted after **Monday May 6th.**
 *Full Refunds will be given if part or all of this clinic is full or cancelled by the club

