



OFA HEALTH CLINIC

Sunday, September 12, 2010

Sponsored by the Cavalier King Charles Spaniel
Club of Central Arizona, Inc.



Location: Animal Hospital at Grayhawk
20801 N. Scottsdale Road, Scottsdale, Arizona

(Grayhawk Plaza Shopping Center, one mile north of the 101 Freeway
between Thompson Peak Parkway & Grayhawk)

Dr. Stan Howard - OFA Hip/Elbow x-rays, patella exams, thyroid & DNA testing
Dr. Whit Church, Board-Certified Cardiologist, will conduct OFA Heart Clearances
Dr. Caroline Betbeze, Board-Certified Ophthalmologist, will conduct CERF clearances

OFA Heart Exam patient submits to OFA at discount rate	\$50
Hip x-ray - submitted to OFA/unsubmitted	\$100/\$85
Elbow x-ray - submitted to OFA/unsubmitted	\$60/\$50
Patella Exam - patient submits to OFA at discounted rate	\$40
Shoulder x-ray - submitted to OFA/unsubmitted	\$75/\$65
OFA Thyroid (MSU)	\$100
Valley Fever Blood Test	\$120
Heartworm Test	\$35
Rattlesnake Vaccine	\$30
Canine Influenza Vaccine	\$25
Rabies Vaccination	\$25
CERF	\$38
Gonioscopy	\$38
AKC DNA Parentage Testing	\$50
Microchip (& AKC Companion Animal Recovery Enrollment)	\$40

Sedation extra based on weight (required for dogs over 80 lbs or at doctor's discretion)

- All testing by appointment only.** All appointments will be made directly with the Cavalier King Charles Spaniel Club of Central Arizona, Inc. **X-ray appts typically fill up quickly.**
- Services must be paid for in advance - **NO REFUNDS FOR CANCELLATIONS, MISSED OR LATE APPOINTMENTS.**
- Remember to bring your AKC registration and microchip number & arrive 15 minutes early.
- Please download the forms needed and fill them out ahead of time at <http://www.offa.org> - or available at our club website <http://www.cavalierclubofarizona.com/clinic.html> to help us stay on schedule. (We will have a few forms available in case you forget yours, but please try to have everything filled out ahead of time so that you are not trying to fill out forms while holding dogs.)

To Schedule an Appointment:

- Fill out the attached registration form. Mail the completed form and your check to **CKCS Club of Central AZ, Inc., PO Box 5262, Scottsdale, AZ 85261.** **Please make sure the form is filled out completely, including your telephone number and e-mail address.** (If you need to make payment by paypal, please advise.)
- We will send you an appointment time by **e-mail**, and will call you with any questions. You may contact us with any questions at cavalierclubofarizona@gmail.com. **We will not be sending out any appointment times until September 1st unless specifically requested.**

We must have a valid e-mail address & telephone number on your forms - this is how you will receive your appt. times!

Registration Form - Please mark the number of exams needed:

OFA Heart Exam	_____ exam(s) @ \$50 each = _____
Hip x-ray (submitted to OFA)	_____ exam(s) @ \$100 each = _____
Hip x-ray (not submitted)	_____ exam(s) @ \$85 each = _____
Elbow x-ray (submitted to OFA)	_____ exam(s) @ \$60 each = _____
Elbow x-ray (not submitted)	_____ exam(s) @ \$50 each = _____
Patella Exam (client submits to OFA)	_____ exam(s) @ \$40 each = _____
Shoulder x-ray (submitted to OFA)	_____ exam(s) @ \$75 each = _____
Shoulder x-ray (not submitted)	_____ exam(s) @ \$65 each = _____
OFA Thyroid (MSU)	_____ exam(s) @ \$100 each = _____
Valley Fever Test	_____ exam(s) @ \$120 each = _____
Heartworm Testing	_____ exam(s) @ \$35 each = _____
Rattlesnake Vaccine	_____ exam(s) @ \$30 each = _____
Canine Influenza Vaccine	_____ exam(s) @ \$25 each = _____
Rabies Vaccine	_____ exam(s) @ \$25 each = _____
CERF Exam	_____ exam(s) @ \$38 each = _____
Gonioscopy	_____ exam(s) @ \$38 each = _____
AKC Parentage DNA Testing	_____ exam(s) @ \$50 each = _____
Microchip	_____ exam(s) @ \$40 each = _____

GRAND TOTAL: \$ _____

A Check for total amount of \$ _____ is enclosed -OR-

I want to pay by credit card. I hereby authorize you to charge my credit card for the exams requested. I understand that no refunds will be given for cancelled, missed or late appointments. My credit card information is:

Type of card VISA Mastercard - Name on card: _____

Credit card number: _____ Exp. Date: _____ security code: _____

Signature: _____

Please fill out the following information **COMPLETELY** and return with your payment to **CKCS Club of Central AZ, Inc., PO Box 5262, Scottsdale, AZ 85261.**

Name: _____

Address: _____

City, State, Zip: _____

Email address*: _____ **Ph. No.*:** _____

Call names & breeds of dog(s) being examined: _____

Preference of appointment (morning, afternoon or no preference, only please – no specific times):

Notes: _____

***Please be sure that your email will accept email from cavalierclubofarizona@gmail.com and provide a valid telephone number & email so that we can notify you of your appointment.**