



# OFA HEALTH CLINIC

**Sunday, January 24, 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

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
AKC DNA Parentage Testing	\$50
Microchip (& AKC Companion Animal Recovery Enrollment)	\$40
Heartworm Testing	\$35

***Sedation extra based on weight of dog (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 appropriate forms and fill them out ahead of time at <http://www.offa.org> 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.)

### 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](mailto:cavalierclubofarizona@gmail.com). **We will not be sending out any appointment times until January 10 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 = \_\_\_\_\_  
AKC Parentage DNA Testing ..... \_\_\_\_\_ exam(s) @ \$50 each = \_\_\_\_\_  
Microchip ..... \_\_\_\_\_ exam(s) @ \$40 each = \_\_\_\_\_  
Heartworm Testing ..... \_\_\_\_\_ exam(s) @ \$35 each = \_\_\_\_\_

**GRAND TOTAL: \$ \_\_\_\_\_**

\_\_\_\_\_ **Check for total amount of \$ \_\_\_\_\_ is enclosed**

\_\_\_\_\_ **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\*:** \_\_\_\_\_

**Phone number\*:** \_\_\_\_\_

Breed of dog(s) being examined: \_\_\_\_\_

Number of dogs you are bringing to the Clinic: : \_\_\_\_\_

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](mailto:cavalierclubofarizona@gmail.com) and provide a valid telephone number & email so that we can notify you of your appointment.**