

2024 HEALTH CLINIC REGISTRATION-PENSACOLA DOG FANCIERS ASSOCIATION

PREREGISTRATION IS SUGGESTED TO ALLOCATE AN APPROXIMATE TIME SLOT OR WORK IN. WE WILL DO OUR BEST TO WORK AROUND SHOW SCHEDULE!

THE FOLLOWING EXAMS WILL BE OFFERED AT THE CLINIC:

EYE CLINIC: DR. ERIC STOREY, SOUTHEAST ANIMAL EYE SPECIALIST, PENSACOLA, FLORIDA

SATURDAY, MARCH 2, 2024 FROM 8:30 AM – 4:00 PM

_____ NUMBER OF DOGS COST --- \$55.00 PER DOG

PATELLA CLINIC: CHIAKI WHETSTONE, DVM, PENSACOLA, FLORIDA

SATURDAY, MARCH 2, 2024 FROM 8:30 AM -- 1:00 PM

_____ NUMBER OF DOGS COST -- \$35.00 PER DOG

MICROCHIP CLINIC: CHIAKI WHETSTONE, DVM, PENSACOLA, FLORIDA

SATURDAY, MARCH 2, 2024 FROM 8:30 AM—1:00 PM

_____ NUMBER OF DOGS COST -- \$25.00 PER DOG

CARDIOLOGY CLINIC: LAUREN SCHLATER, DVM, MS, DACVIM, GULF COAST VETERINARY CARDIOLOGY, GULF BREEZE, FL

FRIDAY, MARCH 1, 2024 FROM 2 PM - 5 PM

SATURDAY, MARCH 2, 2024 FROM 8 AM – 4 PM

#DOGS	PROCEDURE	COST
_____	AUSCULTATION	\$ 55.00 EACH DOG
_____	ECHO & AUSCULTATION	\$290.00 EACH DOG
_____	ECHO/EKG/AUSCULTATION	\$310.00 EACH DOG

(OFA FEE IS PAID BY THE DOG OWNER FOR ANY AND ALL EXAMS NEEDING SENT TO OFA)

PLEASE HAVE THE FOLLOWING INFORMATION AVAILABLE ON ARRIVAL TO THE CLINICS: BREED OF DOG(S), REGISTERED NAME OF DOG, REGISTRATION NUMBER, MICROCHIP/TATOO NUMBER, BIRTHDATE. OFA APPLICATION FORMS WILL BE AVAILABLE AT THE CLINICS AND COMPLETED BY THE DOCTORS.

REGISTRATION FORM (PLEASE SEND ENTIRE FORM) -- PLEASE PRINT LEGIBLY

NAME OF OWNER _____ CELL # () _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

EMAIL (PRINT CLEARLY) _____

BREED OF DOG _____

MAKE CLINIC CHECKS PAYABLE TO: PDFA (PENSACOLA DOG FANCIERS ASSOCIATION). YOU MAY PAY BY CREDIT CARD/CHECK AT THE SHOW.

PLEASE MAIL, TEXT, EMAIL THIS FORM AND CHECK TO: **CINDY SINN (CHAIRMAN), 233 LAKEFRONT CIRCLE SUMMERDALE, ALABAMA 36580**

FOR MORE INFORMATION PLEASE EMAIL: cinden1226@gmail.com or text/call 251-961-1644

And leave a clear message.