



Labrador Retriever Club of the Pioneer Valley  
 Well Dog Clinic - October 24, 2021  
 Suffield Veterinary Hospital  
 577 East Street South, Suffield CT

**Appointments:** To secure an appointment, please complete the attached page and return it with payment to: Michele Kowalski, 166 Grier Road, Vernon, CT 06066

**Registration closes October 9th or when capacity is reached.** No refunds will be given after the closing date. Payment must be made before appointment will be scheduled. If you have any questions you can e-mail: [LRCPVhealthclinic@gmail.com](mailto:LRCPVhealthclinic@gmail.com)

Approximate Appointment time will be sent out After the closing date via e-mail. Please include your email address on the attached form. If you would like a confirmation mailed please include a stamped self addressed envelope.

**Social Distancing and Masks are required. Owners will not be able to enter the building/room for testing. Doctors will discuss any concerns over the phone.**

TEST	DOCTOR	COST	ONLINE REGISTRATION FORMS REQUIRED	ADDITIONAL INFORMATION
EYE EXAM	DR. SHARI GREENBERG	\$41.00	FORM MUST BE COMPLETED ONLINE AT <a href="http://WWW.OFA.ORG/ONLINE">WWW.OFA.ORG/ONLINE</a> . <b>FORM MUST BE BROUGHT TO THE CLINIC</b>	MOST DOGS REQUIRE DROPS 15 MINUTES PRIOR TO EXAM/APPOINTMENT
MICROCHIP	Dr Ann Huntington	\$45.00	Forms Provided at the Clinic	Home Again, Includes Registration
PATELLA	Dr. Ann Huntington	\$30.00	PLEASE PROVIDE AKC#, BREED, SEX, COLOR, DATE OF BIRTH, WEIGHT, MICROCHIP# AND AKC REGISTERED NAME ON REGISTRATION FORM	FEE IS FOR DIAGNOSTIC PALPATION ONLY AND DOES NOT INCLUDE OFA FEE. PLEASE BRING A BLANK CHECK OR CREDIT CARD FOR SUBMITTING TO OFA
OFA HIPS AND ELBOW XRAYS	Dr. Ann Huntington	\$235	PLEASE PROVIDE AKC#, BREED, SEX, COLOR, DATE OF BIRTH, WEIGHT, MICROCHIP# AND AKC REGISTERED NAME ON REGISTRATION FORM	The fee is for X-rays only and Does Not Include OFA Fee. Bring a Blank Check or credit card for submitting to OFA. DOGS MUST BE UNDER 80 LBS AND WILL BE LIGHTLY SEDATED, NO EXCEPTIONS
Paw Print Genetics Labrador Essentials Panel		\$180.00	Forms will be provided at the Clinic.	Discounts on Additional breed specific panels are available at a discount. Testing is available prior to the clinic. Contact: <a href="mailto:LRCPVHEALTHCLINIC@GMAIL.COM">LRCPVHEALTHCLINIC@GMAIL.COM</a>
Paw Prints color and Individual Disease Testing	See list at <a href="http://pawprintsgenetics.com/products/tests/index">pawprintsgenetics.com/products/tests/index</a>	60.00/ test		Contact: <a href="mailto:LRCPVHealthclinic@gmail.com">LRCPVHealthclinic@gmail.com</a>



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**RETURN THIS FORM WITH A CHECK MADE OUT TO LRCPV  
TO: MICHELE KOWALSKI 166 GRIER ROAD  
VERNON, CT 06066**

**DEADLINE: OCTOBER 9TH OR WHEN CAPACITY IS  
REACHED  
LRCPVHEALTHCLINIC@GMAIL.COM**

**CONTACT  
INFORMATION:**

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

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

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PREFERRED TIME:** \_\_\_\_\_ *WE WILL DO OUR BEST TO  
ACCOMMODATE YOUR REQUEST*

BREED AND DOG CALL NAME	EYE EXAM \$41	MICRO- CHIP \$45	PATELLA\$30 ** SEE NOTE BELOW	HIPS AND ELBOWS \$235 **SEE NOTE BELOW	BREED PANEL \$180	COLOR/TRAIT OR DISEASE TEST \$60
<b>TOTAL NUMBER OF EXAMS REQUESTED X COST OF EXAM</b>						
<b>TOTAL DUE:</b>						

\*\*\*FOR DOGS GETTING OFA HIP ELBOW AND PATELLA EXAMS PLEASE INCLUDE AKC#, BREED, SEX, COLOR, DATE OF BIRTH, WEIGHT , AKC REGISTRATION # AND MICROCHIP NUMBER INCLUDED WITH REGISTRATION.