PUGET SOUND LABRADOR RETRIEVER ASSOCIATION

**Annual Health Clinic**

**Jax Dog Drop Riverdog**

1400 19th Ave NW, Issaquah

**Eye and Heart exams limited to Labrador Retrievers (exceptions: other breeds owned by PSLRA members or helpers)**

SUNDAY, SEPTEMBER 25, 2022

**By pre-reservation only-closes when limits are reached or September 19th - whichever is first:**

**Eye clinic-absolute limit of 100 dogs & Echos limit of 35**

**NO DAY OF CLINIC ENTRIES!!!**

# \*\*Eye clinic will be performed by Nathan Kice, ACVO, DVM, DACVO

**Do not bring dogs with eye injuries or other conditions requiring treatment.**

**\*\*Heart Screening will be performed by Dr. Woodfield, ACVIM (cardiology) of Northwest Cardiology Consultants.**

**In consideration of confidentiality, please refrain from announcing screen results, either positive or negative while at**

**this clinic.**

**COSTS: \*Eye clinic: $35.00\* Heart Screening: (auscultation) $45.00 \* Heart Echo $215.00**

**\*\*Note: At this time due to COVID-19 clients are not allowed to be in the space with Dr. Woodfield or Dr. Kice to hold their dogs. There will be a runner assigned to each doctor taking dogs to and from the car.**

**To Sign up email Marlys Swanson~** [**Marlyss2000@gmail.com**](mailto:Marlyss2000@gmail.com)

**with your completed form and AKC paperwork, then a code will be given to allow you to complete payment at PSLRA.org**

**Payment of all fees is required in advance before reservations are confirmed.**

**A $5.00 fee will be charged for canceling after paperwork is completed---NO refunds on day of clinic.**

**REMEMBER: You MUST enclose or email a copy of each dog’s registration papers or litter registration —AND type or print legibly your entry form!!!!**

**FOR QUESTIONS Email:**

**Marlys Swanson** [**Marlyss2000@gmail.com**](mailto:Marlyss2000@gmail.com) **or Lisa McGlothlen** [**rainydazelabradors@yahoo.com**](mailto:rainydazelabradors@yahoo.com)

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**PSLRA HEALTH CLINIC**

**September 25, 2022 Jax Dog Drop IN ISSAQUAH**

**\*WE NEED EVERY BLANK FILLED IN AND A COPY OF AKC REGISTRATION PAPERS\***

-Owners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Pet’s Call Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Microchip or Tattoo #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Breed (if other than Labrador) \_\_\_\_\_\_\_\_\_\_

Please number in order of preference. Scheduled time is for eye drops. Your preferred time may

not be available confirmations will ONLY be sent via e-mail address.

Times: 8:00 - 9:00\_\_\_\_\_\_9:00 - 10:00\_\_\_\_\_\_10:00 - 11:00\_\_\_\_\_\_11:00 - 12:00\_\_\_\_\_\_

~NO APPOINTMENTS AFTER 12~

This dog will be: Eye Screened\_\_\_\_\_\_\_ Heart Auscultation\_\_\_\_\_ Heart Echo \_\_\_\_\_\_

\*Amount enclosed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_