

Puget Sound Labrador Retriever Association

Promoting the All-Around Dog

Puget Sound Labrador Retriever Association

Health Clinic Cascade Veterinary Center 921 State Ave, Marysville, WA 98270 (DO NOT CALL The CLINIC FOR INFORMATION)

Eye and Heart exams limited to Labrador Retrievers

SUNDAY, September 22, 2024

Cardiac Health Clinic with Dr Jerry Woodfield DVM Limited to 25 dogs Eye Health Clinic, Nathan Kice DVM DACVO Minimum 30 dogs, Limited to 100 dogs

Please pre-register

Closes when limits are reached. If limits are not reached, there will be day of signups.

<u>COSTS</u>

*Auscultation \$55.00 * Heart Echo \$230.00 *Eye clinic: \$40.00*

**Note: We will not have staff to hold dogs.

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

FOR QUESTIONS Email:

Marlys Swanson <u>Marlyss2000@gmail.com</u> or Lisa McGlothlen <u>rainydazelabradors@yahoo.com</u>

Email Forms to: Marlys Swanson~ Marlyss2000@gmail.com

Puget Sound Labrador Retriever Associaiton

Sunday September 22, 2024

Cardiac Health Clinic with Jerry Woodfield DVM Eye Health Clinic, Nathan Kice, DVM DACVO *WE NEED EVERY BLANK FILLED IN*

Name of Owners		
Street Address		
City		
State / Zip		
Email Address		
Cell Phone		
How will this be paid?		
Once space is confirmed, directions for payment will be emailed.		

 Cardiac Health Clinic with Jerry Woodfield DVM

 Number of dogs for Auscultation
 Image: Colspan="2">Number of dogs for Auscultation

 Number of dogs for Echos
 Image: Colspan="2">Preferred time (times are not guaranteed):

Eye Health Clinic, Nathan Kice, DVM DACVO				
Number of dogs for Eye Exams				
Preferred time (Time not guranteed)				
Scheduled time is for eye drops.				

Your preferred time may not be available confirmations will ONLY be sent via e-mail address.

Pets Registered Name			
Call Name			
AKC Registration Number			
Microchip		DOB:	
Check all that apply	Echo	Auscultation	Eye Exam

Pets Registered Name			
Call Name			
AKC Registration Number			
Microchip		DOB:	
Check all that apply	Echo	Auscultation	Eye Exam

Pets Registered Name				
Call Name				
AKC Registration Number				
Microchip		C	DOB:	
Check all that apply	Echo	Auscultation		Eye Exam

Able to volunteer? Yes \Box No \Box

Comments: