

WAG ~~ WI-IL AGILITY CLUB of Spring Grove, IL

SPRING HEALTH & CERF CLINIC

Information & Registration Form available at www.wagagility.com

Sunday, February 11, 2007

WAG Building, 7705D Industrial Ct, Spring Grove, IL 815-675-9300

HEALTH SCREENING CLINIC ~~ Peggy Timm, DVM

Heartworm (standard) **	\$16
Heartworm/Lyme/Ehrlichia (in-house 10 min test)**	\$26
Thyroid Diagnostic Panel (MSU) (for diagnosis only, not for rechecks on current thyroid cases)	\$66
PreVaccination Screening (positive/negative results denoting protection against distemper/parvo - no # values)	\$49
PreVaccination Titer (offers actual # value titers for distemper/parvo)	\$58
Microchip (HomeAgain)	\$36
Optigen Blood Draw (for breed-specific, owner purchased Optigen tests only)	\$5 w/ other tests, \$10 w/out

**VetCentric prescription option for Heartworm Medication will be offered with Heartworm Tests

CERF / EYE CLINIC ~~ Carrie Breaux, DVM, Diplomate ACVO

CERF Screening Exam CERF exams will require AKC registration and tattoo/microchip information	\$25
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-Registration Deadline: February 2, 2007

- Early Registration recommended for preferred scheduling.
- Appointments will be made in 1 hour blocks starting at 9:00 am and scheduled per preferences in the order received. Preferences may not be granted with registrations received late.
- Confirmation will be sent via EMAIL ONLY, unless otherwise specified.
- Registrants are responsible for confirming registrations.
- Cancellation notifications will receive a refund less a \$10 administrative fee.
- NO refunds will be granted for microchip preregistrations.
- Questions: mkdobbeck@earthlink.net
- WAG info/directions: www.wagagility.com

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WAG Spring Health & CERF Clinic - Registration Form

Name _____

Address _____

EMAIL _____ Phone _____

Indicate 1st, 2nd, 3rd Time Preferences:

___ 9 am ___ 10 am ___ 11 am ___ 12 noon ___ 1 pm ___ 2 pm ___ 3 pm

Service	Cost (per dog)	#Dogs	Fees
Heartworm	\$16	_____	_____
HW/Lyme/Ehrlichia	\$26	_____	_____
Thyroid Panel	\$66	_____	_____
PreVacc Screening	\$49	_____	_____
PreVacc Titer	\$58	_____	_____
Microchip	\$36	_____	_____
Optigen Blood Draw	\$5/10	_____	_____
CERF Exam	\$25	_____	_____

Total Fees Enclosed: _____

Checks payable to WAG.

Send Registration Form WITH payment to:

Mary Kay Dobbeck, 3114 Oak Ridge Rd, Crystal Lake, IL 60012 OR drop at WAG office.