

CAVALIER KING CHARLES SPANIEL FANCIERS OF THE SUSQUEHANNA VALLEY
ALL BREED CANINE HEALTH CLINIC
MARCH 29, 2020

OWNER NAME _____

ADDRESS _____

PHONE & EMAIL _____

YOU WILL RECEIVE A TEXT _____ OR EMAIL _____ 7-10 DAYS BEFORE THE CLINIC WITH YOUR APPOINTMENT TIME.

1. DOG'S NAME _____ BREED _____

DOG'S AGE _____ EXAM(S) NEEDED _____

2. DOG'S NAME _____ BREED _____

DOG'S AGE _____ EXAM(S) NEEDED _____

IF YOU ARE BRINGING MORE DOGS OF *SAME BREED*, ENTER TOTAL EXAMS NEEDED BELOW:

TOTAL EXAMS

TOTAL COST

_____ ECHOCARDIOGRAM (HEART) X \$310 = \$ _____

_____ AUSCULTATION (HEART) X \$45 = \$ _____

_____ EYE EXAM X \$40 = \$ _____

_____ PATELLA EXAM X \$35=\$ _____

_____ MICROCHIP X \$25=\$ _____

TOTAL NUMBER OF DOGS _____ CHECK TOTAL \$ _____

SPECIAL REQUESTS FOR TIME _____

WILL ATTEMPT TO ACCOMMODATE IF POSSIBLE
ALL ECHOCARDIOGRAMS ARE DONE AFTER 12:30.

PLEASE ARRIVE AT LEAST 15 MINUTES BEFORE YOUR APPOINTMENT TO SIGN IN.
YOU WILL BE ASSIGNED AN APPOINTMENT TIME WHEN YOUR CHECK IS RECEIVED AND PROCESSED.
PLEASE MAKE CHECK PAYABLE TO: **CKCSF-SV** DO NOT SEND CASH.

MAIL CHECK AND THIS FORM TO: JUDY PERINI, 911 DANIELS ST, LEBANON , PA 17042