

CAVALIER KING CHARLES SPANIEL FANCIERS OF THE SUSQUEHANNA VALLEY  
ALL BREED CANINE HEALTH CLINIC  
SEPTEMBER 22,2019

OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE & EMAIL \_\_\_\_\_

YOU WILL RECEIVE A TEXT \_\_\_\_\_ OR EMAIL \_\_\_\_\_ 7-10 DAYS BEFORE THE CLINIC WITH YOUR APPOINTMENT TIME. ( PLEASE MARK YOUR PREFERENCE FOR THIS CONFIRMATION.)

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= \_\_\_\_\_

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