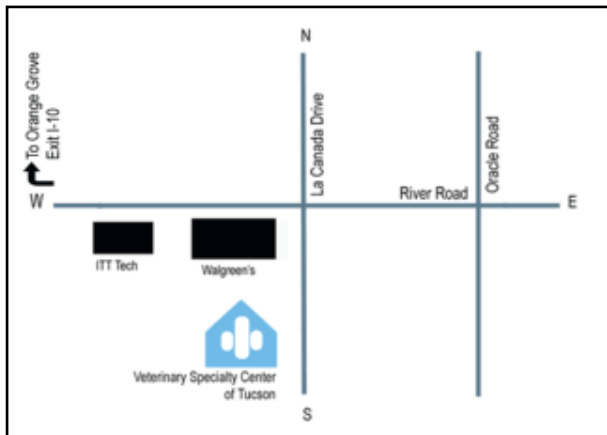


# ALL BREED OFA & CERF HEALTH CLINIC

Saturday, January 29, 2011

Sponsored by the Cavalier King Charles Spaniel Club of Southern Arizona, Inc.



Location:

**Veterinary Specialty Center of Tucson**

4909 N La Canada Dr  
Tucson, AZ 85704-1507  
(520) 795-9955

La Canada at River Road

[www.vscot.com](http://www.vscot.com)

**Caroline Betbeze, DVM, MS, Diplomate American College of Veterinary Ophthalmologists**

CERF Eye Exams

**Michael Matz, DVM, Diplomate American College of Veterinary Internal Medicine**

OFA Heart Exams

**Sharon Shields, DVM, Diplomate, American College of Veterinary Surgeons**

OFA Hip X-rays, Elbow X-rays, Shoulder X-rays, Thyroid

CERF Eye Exams	<b>\$38</b>	Patella Exam	<b>\$40</b>
OFA Heart Exam	<b>\$50</b>	OFA Thyroid (MSU)	<b>\$100</b>
Hip x-ray – submitted to OFA/unsubmitted	<b>\$100/\$85</b>	Elbow x-ray – submitted to OFA/unsubmitted	<b>\$60/\$50</b>
Shoulder x-ray – submitted to OFA/unsubmitted	<b>\$75/\$65</b>	Gonioscopy for glaucoma & ocular hypertension	<b>\$38</b>

Sedation for x-ray is \$50 extra (required for dogs over 80 lbs or at doctor's discretion) paid directly to the VSCT



1. All testing by appointment only. All appointments will be made directly with the Cavalier King Charles Spaniel Club of Southern Arizona, Inc.
2. Services must be paid for in advance - NO REFUNDS FOR CANCELLATIONS.
3. Remember to bring your AKC registration and microchip number.
4. Please download the appropriate forms and fill them out ahead of time at <http://www.offa.org> to help us stay on schedule. (We will have a few forms available in case you forget yours, but please try to have everything filled out ahead of time.) We must have a valid e-mail address & telephone number - this is how you will receive your appt. times!

**TO SCHEDULE AN APPOINTMENT:**

- Fill out the attached registration form. Mail the completed form and your check made out to CKSCOSA, to Marilyn Dahir, PO Box 57234, Tucson, AZ 85732. Please fill out the form completely, including your telephone number and e-mail address.
- We will send you an appointment time by e-mail on 1/15/11, and we may call or email you with any questions. Email [dhahir@cox.net](mailto:dhahir@cox.net) with any questions.

# Registration Form for 1/29/11 Health Clinic

Please mark the number of exams needed:

CERF Eye Exam	_____	exam(s) @ \$38 each =	\$ _____
Gonioscopy Exam	_____	exam(s) @ \$38 each =	\$ _____
OFA Heart Exam	_____	exam(s) @ \$50 each=	\$ _____
Hip x-ray (submitted to OFA)	_____	exam(s) @ \$100 each =	\$ _____
Hip x-ray (not submitted)	_____	exam(s) @ \$85 each =	\$ _____
Elbow x-ray (submitted to OFA)	_____	exam(s) @ \$60 each =	\$ _____
Elbow x-ray (not submitted)	_____	exam(s) @ \$50 each =	\$ _____
Patella Exam (submitted to OFA)	_____	exam(s) @ \$50 each =	\$ _____
Patella (not submitted)	_____	exam(s) @ \$40 each =	\$ _____
Shoulder x-ray (submitted to OFA)	_____	exam(s) @ \$75 each =	\$ _____
Shoulder x-ray (not submitted)	_____	exam(s) @ \$65 each =	\$ _____
OFA Thyroid (MSU)	_____	exam(s) @ \$100 each =	\$ _____
			<b>GRAND TOTAL:</b> \$ _____

Check made payable to CKCSCOSA for total amount of \$\_\_\_\_\_ is enclosed.

Please fill out the following information COMPLETELY and return with your check (payable to CKCSCOSA) to Marilyn Dhahir, PO Box 57234, Tucson, AZ 85732

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Breed of dog(s) being examined:** \_\_\_\_\_

**Preference of appointment (*morning, afternoon or no preference, only please – no specific times*):** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_