

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 = | \$ _____ |
| GRAND TOTAL: | | | \$ _____ |

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: _____
