



# ALL BREED SUPER HEALTH CLINIC

## X-RAYS

All OFA X-rays done without anesthesia. No interpretation. Images available via email on request. **Does not include OFA fee.** All X-rays will be submitted to OFA. You will not be informed of the results at the clinic.

**The correct OFA Forms MUST be included with your registration.**

### HIPS

**\$200.00**

-Dr. Rakesh Vali

### ELBOWS

**\$125.00**

-Dr. Rakesh Vali

### HIPS & ELBOWS

**\$225.00**

-Dr. Rakesh Vali

### EYES

**\$50.00** CERF- Dr. Michael Brown (Board Certified)

### HEART

**\$45.00** Auscultation; **\$250** Doppler- Dr. Shrope Cardiology

### THYROID

**\$100.00**

### MICROCHIP

**\$40.00**

### SNAP 4DX

**\$45** Lyme, Anaplasmosis, Ehrlichiosis, Heartworm. Immediate results.

### Chiropractic Adjustments by Dr. Jacoba Nassar.

20 Minutes **\$65**

### RABIES

**\$25**

### WELLNESS BLOOD PANEL

(Complete CBC and T4)

**\$100**

### DNA Testing by Animal Genetics

DNA to be collected via cheek swabs which will be supplied at clinic.

**Animal Genetic forms** can be downloaded at

<http://animalgenetics.us/Canine/canine-test-now-canine.asp>

They should be completed and brought to the clinic with your method of payment.

Genetic tests: PRA-1, PRA-2, Ichthyosis, Muscular Dystrophy, Prcd-PRA, and

Degenerative Myelopathy .

HIPS  
ELBOWS  
EYES  
HEART  
THYROID  
MICROCHIP  
CHIROPRACTICS  
RABIES  
BLOOD PANEL  
PRA  
ICHTHYOSIS  
SNAP 4DX

Sunday  
October 20, 2019  
8 am - 4 pm

MT. PLEASANT  
HOSPITAL FOR  
ANIMALS  
119 Mt. Pleasant Rd  
Newtown, CT 06470

### QUESTIONS

[jgraham54@sbcglobal.net](mailto:jgraham54@sbcglobal.net)

203-270-8406

# HVGRC ALL BREED SUPER HEALTH CLINIC, OCTOBER 20, 2019

PRE - REGISTRATION ONLY Deadline - October 20, 2019

Questions: email: [jgraham54@sbcglobal.net](mailto:jgraham54@sbcglobal.net) - Phone: 203-270-8406

MAIL Completed Form with **CHECK PAYABLE TO HVGRC** to:  
Giselle Graham, 32 Old Farm Hill Rd, Newtown, CT 06470

Print Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

TIME SLOT PREFERRED: \_\_\_\_\_ 8:00-12:00 Noon \_\_\_\_\_ 12:00-4:00

Put an "X" in each box under each name.	Name	Name	Name	Name	Name	Sub	= Amt.
X-RAYS: pricing includes OFA Fee & image CD. No interpretation offered. Completed OFA Form MUST accompany application							
Wellness Blood Panel						\$100	
Chiro						\$65 for 20 min	
HIP X-RAY Only						__X \$200	
ELBOW X-RAY Only						__X \$125	
HIPS & ELBOWS Combined						__X \$225	
ACVO EYE EXAM on OFA Form						__X \$50	
CARDIAC AUSCULTATION						__X \$45	
CARDIAC ECHO-CARDIOGRAM (Doppler)						__X 250	
MICROCHIP						__X \$40	
RABIES						-X \$25	
SNAP 4 - Heart-worm/Lyme/Ehrlichia/Anaplasmosis						__X \$45	
THYROID						__X \$100	
Genetic Testing: Please circle					Yes	No	
						<b>TOTAL</b>	