

HEALTH CLINIC REGISTRATION FORM

DEADLINE TO PRE-REGISTER IS Monday, April 3rd, 2017

Name _____

Address _____

City/State/Zip Code _____

Phone _____ E-mail _____

OFA Eye Testing (include total # of dogs):

OFA Eye exam..... # of dogs _____ @ \$30 ea.= \$ _____

BAER Testing (check one box only, include total # of dogs):

BAER testing: results released to WHF database.....# of dogs _____ @ \$30 ea.= \$ _____

BAER testing: results remain confidential.....# of dogs _____ @ \$55 ea. = \$ _____

Echocardiogram health clearance/pre-breeding exam (include total # of dogs):

Echocardiogram results released to WHF database..... # of dogs _____ @\$200 ea.= \$ _____

Echocardiogram results remain confidential..... # of dogs _____ @ \$250 ea.= \$ _____

Please choose your preferred day: (you will be contacted for appointment time prior to the national)

Tuesday, April 18th

Wednesday, April 19th

Thursday, April 20th

AKC DNA Profile Testing (include total # of dogs)

AKC DNA cheek swab.....# of dogs _____ @ \$35 ea.= \$ _____

Microchipping

Microchip.....# of dogs _____ @ \$35 ea.= \$ _____

Make checks payable to the **Whippet Health Foundation, Inc (or WHF)** in US funds
(Checks written on foreign banks will NOT be accepted) and mail this form and with payment to:
(Also available: PayPal at www.whippethealth.org.)

Dr. Lisa Costello - 14855 Newark Rd. -Newark, IL 60541
630-625-2019 - mtncow@earthlink.net