

HEALTH CLINIC REGISTRATION FORM

DEADLINE TO PRE-REGISTER IS Monday, April 9th, 2018



Name _____

Address _____

City/State/Zip Code _____

Phone _____ E-mail _____

Eye Testing (include total # of dogs):

OFA Eye exam..... # of dogs _____ @ \$35 ea.= \$ _____

Hearing 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. = \$ _____

Heart/Echo health clearance and/or 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 24th

Wednesday, April 25th

Thursday, April 26th

AKC DNA Profile Testing (include total # of dogs)

AKC DNA cheek swab.....# of dogs _____ @ \$40 ea.= \$ _____

Microchipping

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

Grand Total for all Health Testing: _____

How to Pay:

1). Mail this form and a check made payable to "WHF" in US funds (**Checks written on foreign banks will NOT be accepted**) to: Dr. Lisa Costello, 14855 Newark Rd., Newark, IL 60541

2). Go to www.whippethealth.org, fill out the online form and pay via Paypal at the end of the form. Please remember to pay when you are done filling out the form!

Appointments will not be scheduled until payment is received. You can reach me at mtncow@earthlink.net or (630) 625-2019. Email is preferred.