

HEALTH CLINIC REGISTRATION FORM



DEADLINE TO PRE-REGISTER IS Monday, April 8, 2024

Name _____

Address _____

City/State/Zip Code _____

Phone _____ E-mail _____

Eye Testing (include total # of dogs):

Eye testing: results public.....# of dogs _____ @ \$35 ea.= \$ _____

Eye testing: results confidential.....# of dogs _____ @ \$45 ea. = \$ _____

Hearing Testing (include total # of dogs):

BAER testing: results public.....# of dogs _____ @ \$30 ea.= \$ _____

BAER testing: results confidential.....# of dogs _____ @ \$60 ea. = \$ _____

Heart/Echo health clearance and/or pre-breeding exam (include total # of dogs):

Echocardiogram results public..... # of dogs _____ @ \$225 ea.= \$ _____

Echocardiogram results confidential..... # of dogs _____ @ \$275 ea.= \$ _____

PLEASE CHOOSE YOUR PREFERRED DAY: (First come, first serve, appointments will be scheduled prior to the National)

Mon, April 10 _____ Tues, April 11, _____ Wed, April 12, _____ Thurs, April 13, _____

Microchipping:# of dogs _____ @ \$35 ea.= \$ _____

Grand Total for all Health Testing: _____

How to Pay:

1). Go to www.whippethealth.org, click on the "Health Clinic" button, 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!

2). Mail this form and a check made payable to "WHF" in US funds. (**Checks written on foreign banks will NOT be accepted**) to: Cathy Gaidos, 10177 Blue River Hills Rd, Manhattan, KS 66502-9079

Appointments will not be scheduled until payment is received. You can reach me at cathygaidos5@gmail.com or (785) 564-0150. Email is preferred.