**K9 Health Clinic Registration and Services Form**

**TERMS OF REGISTRATION - Registration closing date is July 31, 2021** (except for DNA). ONE registration form for EACH dog, please. There will be NO refunds after the closing date except when clinics are canceled. **[ ] I agree to the TERMS OF REGISTRATION.**

**TIME PREFERENCE**

[ ] 9:30am - 10:30 am [ ] 10:30 am - 11:30 am [ ] 11:30 pm - 12:30 pm [ ]  12:30 pm - 1:00 pm **LUNCH (1:00 pm – 1:30pm)**

[ ] 1:30 pm - 2:30 pm [ ] 2:30 pm - 3:30 pm [ ] 3:30 pm - 4:30 pm

**\_\_\_\_\_ 9:30 am – 11:30 am CGC and Trick Dog Novice (limit of 12 dogs total)**

**\_\_\_\_\_ 11:30 pm – 12:30 pm CGCA (limit of 4 dogs total)**

**\_\_\_\_\_ 1:30 pm – 2:30 pm Trick Dog Intermediate & Trick Dog Advanced - (limit of 8 dogs total)**

**\_\_\_\_\_ 2:30 - pm – 4:00 pm CGCU (limit of 6 dogs total)**

**Please bring the items and equipment you will need that are specific to your dogs’ tricks.**

***Please bring AKC and/or UKC registration papers to clinic.***

**Owner Name: Street Address:**

**City: State: Zip:**

**Best Phone Number: Email:**

**Dogs Call Name: Breed:**

**Dog’s Registered Name: Registration Number: Date of Birth:**

**Special Comments:**

|  |  |  |
| --- | --- | --- |
| **SERVICE (one form per dog)** | **Cost per Dog** | **Total** |
| **Microchip Clinic**  (includes lifetime registration with AKC Reunites) | $ 30.00 |  |
| **Eye Clinic** | $ 40.00 |  |
| **Cardiac Auscultation** | $ 65.00 |  |
| **Echocardiogram** (*includes cardiac auscultation*) | $ 230.00 |  |
| **Canine Good Citizen Test** (circle the appropriate test) **CGC CGCA CGCU** | $ 20.00 each test |  |
| **Trick Dog** (Circle the appropriate test) **Novice Intermediate Advanced** | $ 20.00 each test |  |
| **TOTAL =** |  | $ |

**CHECK PAYMENT -** *Make check payable to: Big D HRC* **Mail to:** Big D HRC co/ Stephanie Ayers, 129 Slate Court, Cedar Creek, Texas 78612

**CREDIT CARDS PAYMENTS –** Email form with credit card information to: stepperayers@yahoo.com

[ ] MasterCard [ ]  VISA [ ] Discover [ ]  Am Express

Card # Expiration Date / CVN Code

Name on Credit Card:

Card **Billing** Address:    City: State:   Zip:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I agree that my email address serves as my signature for all mailed/scanned Credit card charges related to this Health Clinic.

**You can also find us at** [**www.K9HealthClinic.weebly.com**](http://www.K9HealthClinic.weebly.com) **Please join us on FaceBook at K9 Health Clinic and SHARE.**