

OFA Health Clearance Clinic

Hosted By: Westridge Animal Hospital & Prestige Gun Dogs

Saturday, May 22, 2021 7:00am – 4:00pm

Located at: Westridge Animal Hospital 3909 New Boston Rd. Texarkana, TX 75503

OFA Heart (Cardiologist): Sonya G Gordon BSc, DVM, DVSc, Diplomate ACVIM Cardiology

OFA Eyes (Ophthalmologist): Terri Baldwin, DVM, MS DACVO

OFA Hips, Elbows, Patellas & Thyroid: Randall Murray, DVM or Lisa Morgan, DVM

(all other services listed will be performed by Drs. Murray or Morgan)

Scheduling: Appointments and time preferences will be on a first come first serve basis. Heart and Eye appointments must be paid for AT THE TIME of registration via Venmo. Payment for all other services (including hips, patella, elbows, and thyroid) must be guaranteed with a credit card at time of registration, please use the credit card authorization form attached. Please note only fully completed registration forms with attached payments will be processed! You will be notified of your appointment time approximately one week prior to the event by email.

Please rank your time slot preference (1 – most preferred thru 4 – least preferred)

7:00am – 10:00am
10:15am – 12:15pm

12:30pm-2:00pm
2:15pm – 4:00pm

Venmo payments (for Eyes and Hearts only): @Patrick-Rountree / last 4 of cell phone: 5477

If you prefer to pay via check please email for additional details, Venmo payment is preferred. On your Venmo payment please reference -- your full name, your dog's call name(s) and requested services in the description area.

Email registration forms to: haley@prestigegundogs.com

Registration for Hearts and Eyes is not complete unless we receive payment, a copy of your dog's AKC papers, and registration form, & a copy of your Venmo payment conformation.

For all other services please email the registration form, credit card authorization form and a copy of your dog's AKC papers only. Payment will be finalized at the time services are rendered. Only completed registrations will be processed!!!!

Any questions? Please contact Haley Rountree Cell: 903-280-0607 or Email: haley@prestigegundogs.com

Hotel Information: Marriott TownPlace Suites (Pet Friendly): 903-334-8800 / Rate: \$64 a night, please ask for the Tri-State Iron and Metal Co. Corporate rate when booking with this hotel. (3 miles / 6 mins from clinic venue)

Link to Book: http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkIdData=Tri-state%20Iron%20and%20Metal%5E3V8%60TXKTS%60&app=resvlink&stop_mobi=yes

Registration Form (one form for each dog)

I agree to the TERMS OF REGISTRATION.

TERMS OF REGISTRATION are that registration closing date is **May 1, 2021**, NO refunds after closing date. We reserve the right to cancel due to low enrollment with refund. If the clinic fills before the closing date, we will maintain a wait list on a first come, first serve bases, if any cancelations do occur.

Owner(s) Name(s) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Cell Phone _____ **Email** _____

Dog's Call Name _____

Dog's AKC Registered Name _____

Microchip # _____ **Dog's Weight** _____

Vaccination History (month/year)

Distemper / Parvo:	Bordetella:	Rabies:
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(please bring a signed copy of your dog's current rabies certificate with you the day of the clinic)

Services Being Offered

(Please circle the services you wish to receive)

OFA Heart (with an Echo) - \$350.00 (OFA Registration Fee NOT included): limited to 21 dogs

OFA Eyes - \$50.00 (OFA Registration Fee NOT Included): limited to 120 dogs

OFA Thyroid (TVMDL) - \$60.00 (OFA Registration Fee Included): limited to 60 dogs

OFA Hips - \$215.00 (Rads / OFA Registration Fee Included)*

OFA Elbows - \$160.00 (Rads / OFA Registration Fee Included)*

OFA Patellas - \$160.00 (Rads / OFA Registration Fee Included)*

OFA Hips/Elbows - \$320.00 (Rads / OFA Registration Fee Included)*

(Hips, Patellas, and Elbows are limited to a total of 10 dogs for each service)

***Sedation Required for Hips / Patellas / Elbows for OFA (charges will be determined by weight)**

Annual Wellness Exam - \$108.00

- Doctor Exam
- Necessary Vaccinations
- Stool Sample
- Nail Trim
- IDEXX Bloodwork: CBC/CHEM 17/SDMA/Heartworm Antigen

Semi-Annual Wellness Exam - \$98.00

- Doctor Exam
- Necessary Vaccinations (DAPP/Bord)
- Stool Sample
- Nail Trim
- In House SNAP 4DX (Tick Borne and Heartworm Antigen)

Bivalent Flu Shot - \$31.00

Bordetella Only - \$25.00

Microchips - \$70.00 (Microchip/Administration/First Year Registration)

Brucellosis RealPCR (TVMDL) - \$90.00

Genetic Testing is offered via Paw Print Genetics: <https://www.pawprintgenetics.com/>

If you use code **PRESTIGE21** and you will save 40% off single tests including disease, coat color and trait tests or save 50% off any breed specific panel. Discount code valid from March 9 – May 22nd

Paw Print Swab Samples - \$10.00 (fee for vet verification / bring the vet signature form and genetic sample collection kit from Paw Print Genetics with you to the clinic – this must be prescheduled)

Urinalysis/Sediment - \$62.50

In House SNAP 4DX (tick borne diseases and heartworm antigen) - \$40.00

ProHeart 6 & 12 available – Amount depending on weight

Must have proof from a veterinary of a current heartworm test within the last year

Cadi Injections (allergies, case dependent) – Amount depending on weight.

Signature: _____

Date: _____



Westridge Animal Hospital
3909 New Boston Rd.
Texarkana, TX 75501
Phone: (903) 838-9572
Fax: (903) 838-7777

Credit Card Payment Pre-Authorization Form

If you would like to make payment with Visa, Master Card or Discover, please use this form for payment submission. ***Please submit one form per dog.***

First Name: _____ Last Name: _____

Dog's AKC Registered Name _____

Dog's Call Name _____ Microchip# _____

Primary Phone Number: _____

Card Type (please circle): VISA / Mastercard / Discover

CARD # _____ Expires: _____

NAME ON CARD: _____

I authorize Westridge Animal Hospital to keep the above credit card information on record for the following:

Services selected and rendered on May 22, 2021.

***Sedation required for Hips/Patellas/Elbows for OFA (charges determined by weight) and will be charged on May 22, 2021.**

SIGNATURE OF CARD HOLDER: _____ DATE: _____

***Please note that if a request for cancellation of services is not requested and processed prior to the closing date of May 1, 2021, that your card will be charged for the full amount of the services selected.**

Dog Food Questionnaire – Only Required for Dog(s) receiving an OFA Heart Clearance

(one form per dog)

Dog's Call Name: _____ Age: _____ Weight: _____ Breed: _____

With respect to the food, you feed your dog please answer the following as completely as you can.

Has the main food your dog eats changed in the last 12 months (circle your answer)? No Yes

If you answered yes to the previous question, how long has your dog been eating the new diet?

Is your dog's food prescription food from your veterinarian? (circle your answer)

Yes If yes please provide name of food _____

No

What is the manufacturer of your dog's food? (you can select more than one)

Note: if you select more than one please estimate the approximate amount of your dog's diet comes from each selection. For example, (small amount < 25%), half (approximately 50%), Majority of the diet (>75%), represent the complete diet (100%). Circle with your selections.

- | | | | | |
|---|------|------|-----|-------|
| <input type="checkbox"/> Purina | 100% | >75% | 50% | < 25% |
| <input type="checkbox"/> Iams or Eukanuba | 100% | >75% | 50% | < 25% |
| <input type="checkbox"/> Royal Canin | 100% | >75% | 50% | < 25% |
| <input type="checkbox"/> Hills or Science diet | 100% | >75% | 50% | < 25% |
| <input type="checkbox"/> Raw (homemade) | 100% | >75% | 50% | < 25% |
| <input type="checkbox"/> Raw (commercial) | 100% | >75% | 50% | < 25% |
| <input type="checkbox"/> Home-made (human food) | 100% | >75% | 50% | < 25% |
| <input type="checkbox"/> Other _____ | 100% | >75% | 50% | < 25% |
| <input type="checkbox"/> I do not know what my dog eats | | | | |

To the best of your knowledge is your dog's main diet (at least 75% of total diet eaten) grain free? (circle your answer)

Yes No Uncertain

What animal proteins are listed on the ingredients list on your food (check all that apply)?

<input type="checkbox"/> Chicken (including by products)	<input type="checkbox"/> Pork (including by products)	<input type="checkbox"/> Salmon	<input type="checkbox"/> Alligator	<input type="checkbox"/> Kangaroo	<input type="checkbox"/> Ostrich	<input type="checkbox"/> Other:
<input type="checkbox"/> Beef (including by products)	<input type="checkbox"/> None; my dog's diet in vegetarian/vegan	<input type="checkbox"/> Fish	<input type="checkbox"/> Sheep/lamb	<input type="checkbox"/> Rabbit	<input type="checkbox"/> Duck	<input type="checkbox"/> Venison

Do you supplement you dog's diet with any of the following?

<input type="checkbox"/> Taurine	<input type="checkbox"/> Omega 3 (fish-oil)	<input type="checkbox"/> CBD oil	<input type="checkbox"/> Multivitamin	<input type="checkbox"/> Other _____
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List any medications your dog takes: