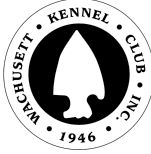


# WACHUSETT KENNEL CLUB, Inc.



## All-Breed Health Clinic: Sunday, March 9, 2025

**Pre-registration is required by Thursday February 27, 2025 at noon. We will email your appointment time by Tuesday March 4, 2024.**

**Location : 1285 Central Street, Leominster, MA** ( Parking is available in front of and back of the building)

**Contact : [wkceduseminar@aol.com](mailto:wkceduseminar@aol.com)**

Testings offered:

Forms will NOT be available at the clinic (except heart echo). Please print and bring everything needed. Participants must bring a copy of dogs' AKC registration and information about any permanent ID's (tattoo or microchip).

• **Board Certified Eye Exams (CAER)** - Dr. Ruth Marrion DVM, DACVO, PhD. \$45 per dog. Please register at OFA website (<https://online.ofa.org/>) and "create a new application", so Dr. Marrion can enter results for the database (You are still required to pay to OFA if you choose to obtain OFA certification). Please bring your printed application form to the clinic. In addition to a copy of the dog's AKC registration papers and any microchip or tattoo information, please bring a copy of the previous eye exam report if abnormal.

• **Board Certified Cardiac Exams - Only for pre-breeding screening.** No pre-existing conditions. Dr. Nate Deering, DVM, DACVIM. Basic Cardiac Exam (Auscultation) \$65, Advanced Cardiac Exam (Echocardiogram) \$285. For auscultation, please fill out the "Basic cardiac exam form" at <https://ofa.org/applications/> and bring it to the clinic. The cardiologist will provide the form for the advanced cardiac exam.

• Microchips (AKC Reunite) are available for pre-orders only. \$60, includes lifetime enrollment (\$20 if you bring your own chip to be inserted).

Please fill out the registration form and email to [wkceduseminar@aol.com](mailto:wkceduseminar@aol.com) or mail to Linda Shea. **Payment (a check made to WKC) is required to secure your spots.** Payment (and the registration form if not emailed) should be mailed to:

**WKC Health Clinic Attn: Linda Shea, 45 Christine St. Leominster, MA 01453**

You'll receive an email confirmation that we received your registration within a week of e-mail submission, but your spot(s) cannot be secured until your payment is received.

On the day of the clinic:

- Make sure you bring a copy of each dog's AKC registration, prior eye check report if there was a problem found. Plan to arrive about 30 minutes prior to your scheduled appointment to make sure all your testing forms are filled out properly. If you are having eye checks done, drops will be required 30 minutes prior to the scheduled time for your exam as well.
- For specific cardiac test requirements, please bring your recent holter monitor report

**If you have other questions, please email our clinic organizers, Linda Shea, Terry Sadler, and Kikuko Chang, at [wkceduseminar@aol.com](mailto:wkceduseminar@aol.com)**

**Health Clinic Registration Form**  
**Wachusett Kennel Club Health Clinic, March 9, 2025**

**Pre-registration required:** Email or mail the registration form and a check (payable to Wachusett Kennel Club) to [wkceduseminar@aol.com](mailto:wkceduseminar@aol.com) or WKC Health Clinic Attn: Linda Shea, 45 Christine St., Leominster, MA 01453

**Deadline for registration: 2/27/25 at noon. Appointment times will be confirmed by 3/4/25 by email.**

Owner's name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred appointment(s) time: AM \_\_\_\_\_ PM \_\_\_\_\_ ANY \_\_\_\_\_

Check boxes below:

	Eye Exam \$45	Heart (Auscultation) \$65	Heart (Echo) \$285	Microchip \$60 (\$20 own chip)
Dog's call name: Breed:				
Dog's call name: Breed:				
Dog's call name: Breed:				
Dog's call name: Breed:				

Total fee: \$ \_\_\_\_\_

- Returned checks are subject to a \$35 bank service charge.
- Refunds given only if the appointment is canceled in writing by 3/6/25 at noon

**Release of Liability at Wachusett Kennel Club Health Clinic**

I hereby agree to be responsible for the actions of my dog and to release Wachusett Kennel Club, Inc. and Central Animal Hospital for any claims and demands that may occur for the participation at the Wachusett Kennel Club Health Clinic on March 9, 2025.

Owner understands that the owner is solely responsible for any harm, including to any other pet(s), to the veterinarians or the volunteers at the health clinic, or to the equipment, facilities, or other property of Central Animal Hospital, caused by the owner's dog(s). Owner also agrees that Wachusett Kennel Club, Inc. and Central Animal Hospital shall not be responsible or liable for any injury, lost or damaged personal property belonging either to owner or owner's dog.

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_