



Labrador Retriever Club of the Pioneer Valley
Well Dog Clinic - September 27, 2026
This clinic is for AKC Approved Breeds Only
Suffield Veterinary Hospital
577 East Street South, Suffield CT

Appointments: To secure an appointment, please complete the attached page and return it with payment to:
Kelly Rome, 5 Fawn Drive, Granby, CT 06035, with CHECK MADE OUT TO LRCPV.

Registration closes September 13th or when capacity is reached. NO refunds will be given after the closing date. Payment must be made before an appointment can be scheduled. If you have any questions, please e-mail: LRCPVClinic@gmail.com

Approximate appointment time will be sent via e-mail **AFTER** the closing date. Please include your email address on the attached form. If you would like a mailed confirmation, please include a stamped self-addressed envelope.

NOTE THE FOLLOWING PROTOCOL: Owners will not be able to enter the building/room for testing. Doctors will discuss any concerns over the phone. Any cancellations after 9/13/26 or when the capacity is reached do not receive a refund.

TEST	DOCTOR	COST	ONLINE REGISTRATION FORMS REQUIRED	ADDITIONAL INFORMATION
EYE EXAM - CERF	Dr. Shari Greenberg	\$60.00	FORM MUST BE COMPLETED ONLINE AT WWW.OFA.ORG/ONLINE . FORM MUST BE BROUGHT TO THE CLINIC	MOST DOGS REQUIRE DROPS 15 MINUTES PRIOR TO EXAM/APPOINTMENT
MICROCHIP	Dr. Ann Huntington	\$45.00	FORMS WILL BE PROVIDED AT CLINIC	HOME AGAIN, INCLUDES REGISTRATION
PATELLA	Dr. Ann Huntington	\$35.00	PLEASE COMPLETE FORMS ONLINE AT OFA.ORG/ONLINE AND BRING TO CLINIC	PRICE <u>DOES NOT</u> INCLUDE OFA FEE. PLEASE PUT CREDIT CARD INFORMATION WHERE REQUESTED ON THE BOTTOM OF THE OFA APPLICATION FORM
OFA HIPS AND ELBOW XRAYS	Dr. Ann Huntington	\$275.00	PLEASE COMPLETE FORMS ONLINE AT OFA.ORG/ONLINE AND BRING TO CLINIC	PRICE <u>DOES NOT</u> INCLUDE OFA FEE. PLEASE PUT CREDIT CARD INFORMATION WHERE REQUESTED ON THE BOTTOM OF THE OFA APPLICATION FORM. DOGS MUST BE UNDER 80 LBS AND WILL BE LIGHTLY SEDATED, NO EXCEPTIONS
ECHO AND AUSCULTATION	Dr. Andrew Waxman & Dr. Lauren Wiley	\$300.00 (ECHO) \$70.00 (AUSCULTATION ONLY)	FORMS WILL BE PROVIDED AT CLINIC	



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MAIL FORM TO: KELLY ROME, 5 FAWN DRIVE, GRANBY, CT 06035 with CHECK MADE OUT TO **LRCPV** or VEMO the club
Treasurer at: LRCPV@AOL.COM

DEADLINE: SEPTEMBER 13th OR WHEN CAPACITY IS REACHED. QUESTIONS? PLEASE EMAIL
LRCPVClinic@gmail.com

Labrador Retriever Club of the Pioneer Valley

Well Dog Clinic - SEPTEMBER 27, 2026

Suffield Veterinary Hospital

Suffield, CT

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

CELL PHONE: _____ EMAIL: _____

CALL NAME	
AKC REGISTERED NAME	
AKC REGISTRATION NUMBER	
MICROCHIP NUMBER	
DATE OF BIRTH	
BREED	
SEX	
COLOR	
WEIGHT	

EXAMS REQUESTED	FEE	REGISTER FOR: PLEASE CHECK ALL THAT APPLY
CERF EYE EXAM	\$60.00	
CARDIAC ECHO	\$300.00	
CARDIAC AUSCULTATION	\$70.00	
OFA HIP/ELBOW	\$275.00	
PATELLA	\$35.00	
MICROCHIP	\$45.00	
TOTAL::		

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