## **YGRC Fall Clinic Appointment Request Form**

AddressPhone									_ Text enabled Y N			
E-mail address												
Notify by:	E-ma	ail	Text	t Ph	one _		Pref	erred	time:	AM/	PM / ANY	
Name of Dog	Eyes	Heart	Chip	Taurine	DNA	SNAP	Titer	BAER	U/S	*XRA	Y BREE	
	VCR	RC Me	mhar	·c•		N	Jon-N	<b>Iembe</b>	rc•			
Eye Exam:		_						_x \$35				
Heart Exam:								_x \$45				
Echo:				SH TO	VE'						VET)	
Microchip:		-				-		_x \$35			ŕ	
Taurine test:		x \$1	L <b>00</b> = _			_		_x \$10	0=			
DNA draw:		x \$	10 = _			_		_x \$1(	) =			
SNAP 4Dx:						_		_x \$35				
Titer D/P/A:								_x \$60				
BAER:								_ x \$3				
Ultrasound:						-		_ x \$5 [otal:_				
								1411411				

## Please allow ample time for US Mail delivery!

- Appointment requests must be accompanied by payment in full.
- Please write checks to Yankee Golden Retriever Club or YGRC.
- Refunds given only if appointment is canceled in writing by 11/8/18

Appointment times will be confirmed via e-mail, text or phone by November 9th. Please wait until Saturday, November 10th before contacting us about appointments.