

WAG 2022 HEALTH CLINIC FOR DOGS

Sunday, March 6, 2022 9:00am to 2:00pm

2807 N. Hwy 12, Spring Grove, IL 60081

Attending Veterinarians:

Health Screening: Dr. Susan Clingenpeel, DVM, Animal Hospital of Gurnee

Eye Exams/CERF: Dr. Adam King, DVM, MS, MedVet Chicago

CHOOSE YOUR PREFERRED TIME SLOT (CIRCLE TWO)

9:00 – 10:00 10:00 – 11:00 11:00 – 12:00 12:00 – 1:00 After 1:00 Any Time

NAME _____

EMAIL _____ TELEPHONE _____

Dog call name/Weight/Breed/Birth MM/YY/Neuter/Spay 1. _____

2. _____ 3. _____

List additional dogs on the back of this form.

Health Screening	Cost	Dog(s)' # above i.e. 1, 2, 3 or name	Total Fee
Heartworm (Standard Test)*	\$37.00		
Heartworm SNAP* (includes Lyme, Erlichia, Anaplasmosis)	\$50.00		
PreVaccination Screening (Pos/Neg values: parvo/distemper)	\$120.00		
Rabies Vaccination (1 yr)**	\$30.00		
Rabies Vaccination (3 yr)** (proof of previous vax req'd)	\$50.00		
DHLPP (with Lepto)	\$40.00		
DHPP (without Lepto)	\$30.00		
Lepto only	\$20.00		
Bordetella (oral)	\$20.00		
Eye Exam/CERF	\$50.00		
TOTAL			

*Prescription given for negative tested dogs Yes ___ No ___ If yes, specify heartworm drug _____

**Rabies certificate will be issued. You will be responsible for obtaining a tag.

**PRE-REGISTRATION AND PREPAYMENT MUST BE RECEIVED BY
FRIDAY, FEBRUARY 25, 2022**

CANCELLATION POLICY:

Clinic will be cancelled in the event of a National Weather Service severe weather warning. Participants' checks will be shredded.

REFUND POLICY:

Refunds for cancellation due to credible reasons must be approved by Elaine Stuby (847) 783-0603 no later than 5:00 p.m. on Saturday, March 5, 2022.

Statement of Understanding: As with any medical or surgical procedure, there is a slight risk including anaphylaxis that may be associated with these vaccinations and other medical procedures.

I UNDERSTAND (KINDLY CHECK) I (we) agree to hold Wi-Il Agility Group (WAG), their members, directors, officers, and the owner and/or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto; and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the afore mentioned parties harmless from any claim for loss, injury or damage to this dog. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons.

I AM AN AUTHORIZED OWNER OF THIS DOG AND HAVE READ THE AGREEMENT ABOVE. BY SIGNING, I AGREE TO THE TERMS AS STATED.

Sign _____ Date _____

PLEASE FILL OUT, CHECK AGREEMENT AND SIGN THIS FORM. PAYMENT IS REQUIRED WITH REGISTRATION. **PLEASE MAKE CHECK PAYABLE TO WAG.**

MAIL THE COMPLETED FORM AND YOUR CHECK TO:
Elaine Stuby, 31W068 Healy Road, Barrington, IL 60010

REFER QUESTIONS TO: Elaine Stuby at estuby@yahoo.com

Confirmations with appointment time will be emailed to you. Please make sure that **your email address is legible**. We will do our best to honor your time preference.

REGISTRATION FORM AND PAYMENT MUST BE RECEIVED BY FRIDAY, FEBRUARY 25, 2022