

# WAG 2024 HEALTH CLINIC FOR DOGS

Sunday, March 3 2024 9:00am to 2:00pm

2807 N. Hwy 12, Spring Grove, IL 60081

## OPEN TO ALL DOGS

Health Screening: Dr. Susan Clingenpeel, DVM, Animal Hospital of Gurnee  
Eye Exams/OFA: Dr. Adam King, DVM, MS, MedVet Chicago  
Echocardiogram/Auscultation: Heidi Kellihan, DVM, DACVIM (cardiology)

CHOOSE YOUR PREFERRED TIME SLOT      9:00 – 12:00      11:00 – 2:00      Any Time

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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

2. \_\_\_\_\_ 3. \_\_\_\_\_

Please 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)*	\$40.00		
Heartworm SNAP* (includes Lyme, Erlichia, Anaplasmosis)	\$55.00		
PreVaccination Screening (Pos/Neg values: parvo/distemper)	\$120.00		
Rabies Vaccination (1 yr)**	\$31.00		
Rabies Vaccination (3 yr)** (proof of previous vax req'd)	\$52.00		
DHLPP (with Lepto)	\$45.00		
DHPP (without Lepto)	\$35.00		
Lepto only	\$25.00		
Bordetella (oral)	\$22.00		
Eye Exam/OFA	\$50.00		
Echocardiogram ***	\$260.00		
Auscultation ***	\$60.00		
<b>TOTAL</b>			

\*Heartworm preventative prescription will be given for negative tested dogs . This prescription will need to be submitted to the pharmacy the product is ordered from. No phone confirmations will be available for prescriptions.

Check here if you would like a prescription: Yes\_\_\_\_ No\_\_\_\_

If yes, specify heartworm medication \_\_\_\_\_

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

**PRE-REGISTRATION AND PREPAYMENT MUST BE RECEIVED BY FEBRUARY 23**

**CANCELLATION AND REFUND POLICIES:**

\*\*\* Cardiology clinic will be canceled if there are not enough participants. Participants will be notified on February 24th if this portion of the clinic is canceled.

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

Refunds for cancellation due to credible reasons must be approved by Jennifer Rudolph (815) 814-1026 no later than 5:00 p.m. on Friday, March 1, 2024.

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 aforementioned 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 BE SURE TO CHECK THE BOX FOR THE AGREEMENT AND SIGN THIS FORM.

PAYMENT IS REQUIRED WITH REGISTRATION.

**PLEASE MAKE CHECK PAYABLE TO WAG.** Checks will not be cashed until after the Clinic.

REFER QUESTIONS TO: Jennifer Rudolph at waghealthclinic@gmail.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.

MAIL THE COMPLETED FORM AND YOUR CHECK TO:

**Jennifer Rudolph, 4545 Nunda Avenue, Crystal Lake, IL 60014**

**REGISTRATION FORM AND PAYMENT MUST BE RECEIVED BY  
FRIDAY, FEBRUARY 23, 2024**