WAG 2025 HEALTH CLINIC FOR DOGS

Sunday, March 2, 2025 9:00am to 2:00pm 2807 N. Hwy 12, Spring Grove, IL 60081

Health Screening: Dr. Emma Kamps, DVM, Animal Hospital of Woodstock Dr. Anamaria Cruz, DVM, Animal Hospital of Woodstock

EMAIL TELEPHONE

OWNER NAME

Eye Exam/OFA

Auscultation***

Echocardiogram***

TOTAL

Eye Exams: Dr. Neal Wasserman, DVM, DACVO, Eye Care for Animals Cardiology: Dr. Heidi Kellihan, DVM, DACVIM, University of Wisconsin

REGISTRATION AND PREPAYMENT MUST BE RECEIVED BY FEBRUARY 22, 2025

		EFERRED TIME SLOT: ntment time will be emailed.				Any Time Ference.
DOG #	Call Name	Breed	Weight	Birth Month/Year	Neu	itered/Spayed?
1						
2						
3						
4						
5						
Health Screening			Cost	Dog(s)' # from above Total F		Total Fee
Heartworm SNAP*			\$55.00			
(includes Lyme, Ehrlichia, Anaplasmosis)						
Rabies - 1 year **			\$40.00			
Rabies - 3 year ** (proof of previous vax req'd)			\$55.00			
DHPP - 1 year			\$25.00			
DHPP – 3 year (proof of previous vax req'd)			\$35.00			
Lepto Vaccine			\$25.00			
Lyme Vaccine			\$25.00			
Bordetella (nasal)			\$25.00			
Patella Exam/OFA			\$80.00			

Heartgard Simparica Trio Nexgard 6 month 12 month

If you plan to purchase heartworm or flea/tick medication the day of the clinic, please circle which

brand(s) you intend to purchase and if you'd prefer a 6 month or 12 month quantity:

\$60.00

\$260.00

\$60.00

*NEW THIS YEAR - Heartworm preventative will be available for purchase at the Health Clinic. Checks made out to Animal Hospital of Woodstock will be the only accepted form of payment. See pricing on page 3 of registration form. Alternatively, a prescription can be given for negative-tested dogs. The physical prescription form will need to be submitted to the pharmacy the product is ordered from.

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

***Cardiology clinic will be canceled if there are not enough participants. Notifications of cancellation will be sent out on February 23rd.

Checks will not be deposited until after the date of the Clinic.

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 Jennifer Rudolph (815) 814-1026 no later than 5:00 p.m. on Saturday, March 1.

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 inconsequence 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/THESE DOG(S) AND HAVE READ THE AGREEMENT ABOVE. BY SIGNING, I AGREE TO THE TERMS AS STATED.

O:	D .
Sign	Date
01211	Date

PLEASE CHECK AGREEMENT BOX AND SIGN THIS FORM. PAYMENT IS REQUIRED WITH REGISTRATION.

MAIL THE COMPLETED FORM AND YOUR CHECK (payable to WAG) TO:

Jennifer Rudolph 4545 Nunda Avenue, Crystal Lake, IL 60014

Questions? Contact Jennifer Rudolph at healthclinic@wagagility.com.

Day of clinic phone 815-814-1026

REGISTRATION FORM AND PAYMENT MUST BE RECEIVED BY FEBRUARY 22, 2025

PRICING FOR HEARTWORM & FLEA/TICK PRODUCTS AVAILABLE FOR PURCHASE ONSITE

- PAYMENT IS NOT TO BE SENT WITH REGISTRATION CHECKS MADE OUT TO ANIMAL HOSPITAL OF WOODSTOCK WILL BE THE ONLY FORM OF PAYMENT ACCEPTED ON THE DAY OF HEALTH CLINIC AFTER NEGATIVE HW TEST
- PLEASE INCLUDE YOUR DOG(S)' CURRENT WEIGHT
- PLEASE INDICATE WHICH BRAND AND NUMBER OF MONTHS (PER DOG) YOU INTEND TO PURCHASE ON PAGE ONE OF REGISTRATION FORM. THIS WILL HELP US HAVE ENOUGH INVENTORY ON HAND
- THERE ARE NO GUARANTEES THERE WILL BE ENOUGH INVENTORY ON HAND. PRODUCTS ARE AVAILABLE WHILE SUPPLIES LAST. WRITTEN PRESCRIPTIONS WILL BE AVAILABLE FOR THOSE NOT INTERESTED IN PURCHASING OR FOR THOSE PRODUCTS THAT RUN OUT OF STOCK.

PRICING IS PER MONTHLY DOSE

HEARTGARD

0 - 25# \$14.25 26 - 50# \$15.25 51-100# \$17.50

SIMPARICA TRIO

2.8 - 5.6# \$35.75 5.6 - 11# \$36.75 11 - 22# \$37.75 22 - 44# \$38.75 44 - 88# \$39.75 88 - 132# \$40.50

NEXGARD

4 - 10#	\$32.50		
10.1 - 24#	\$34.75		
24.1 - 60#	\$34.75		
60.1 - 121#	\$35.75		