



**Jersey Skylands Labrador Retriever Club, Inc. Sponsored**

**ALL BREED EYE & HEART CLINIC**

**SUNDAY, February 2, 2025 9:00 AM TO 2:00 PM**

**ALL RESULTS STRICTLY CONFIDENTIAL  
REGISTRATION FORM on page 3.**

<b>LOCATION:</b>	<b>ANIMAL HOSPITAL of SUSSEX COUNTY, 169 Hampton House Rd (US Route 206), NEWTON, NJ 07860</b>
<b>EYE EXAMS:</b>	<b><u>Michael J. Ringle DVM</u> Diplomate ACVO Ophthalmologist (Red Bank Veterinary Hospital). Dogs must be over 7 weeks old. <b>Please bring AKC reg. &amp; permanent ID Info. (OFA reduced fee) Breeder Clearances only, no pre-existing conditions.</b></b>
<b>HEART EXAMS:</b>	<b><u>Katie Hart (Pesce), VDM</u>, Diplomate ACVIM Cardiology (Red Bank Veterinary Hospital). <b>Please bring AKC Reg. &amp; Permanent ID Info (OFA reduced fee) Breeder Clearances only, no pre-existing conditions.</b></b>
<b>MICROCHIPS:</b>	<b><u>Katie Hart (Pesce), VDM</u> - AKC chips will be used.</b>
<b>IMPORTANT INFORMATION:</b>	PLEASE READ PAGE 2 for IMPORTANT Clinic Rules
<b>DEADLINE FOR REGISTRATION:</b>	<b>By 01/25/25. Mail completed form with payment as indicated. Every effort will be made to schedule your appointments in the time frame requested. We will accept walk-in or late submissions at the end of the day, if time slots are not filled. PLEASE NOTE! Echo exams fill quickly so please send your form and payment EARLY!</b>
<b>FOR MORE INFO:</b>	<b>Donna Forte (973) 729-6211 or email <a href="mailto:brookberry@embarqmail.com">brookberry@embarqmail.com</a>. Leave message to be contacted.</b>

## CLINIC RULES

1. Check in with Donna as soon as you arrive, LEAVE all dogs in the car until your turn.
2. A clinic worker will come to your vehicle to put drops in your dog's eyes.
3. Do NOT enter the building unless you are told to.
4. NO aggressive dogs!
5. No Spayed, Neutered or dogs with pre-existing conditions for cardiac exams.
6. Bring your own pen and something hard to write on to fill out the OFA forms.
7. No one in the building, except when you are told to bring your dog in for its eye exam.
8. You will be allowed to take your dog(s) in for its eye exam(s) only when called.
9. This is a pre-paid clinic. Please sign up by the deadline.

ALL BREED CANINE HEALTH CLINIC - SUNDAY, FEBRUARY 2, 2025 - 9:00 AM TO 2:00 PM

PLEASE RETURN THE COMPLETED FORM BY 1/25/25 with a **NON-REFUNDABLE CHECK PAYABLE TO JSLRC, INC.**  
**INCLUDE YOUR EMAIL ADDRESS** to receive a CONFIRMATION & TIME SLOT, **you will be emailed once the clinic closes.**  
 MAIL TO: Donna Forte, 2 Sharon Dr, Sparta, NJ 07871

Print Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

TIME SLOT PREFERRED, **PLEASE NUMBER 1-5** IN ORDER OF PREFERENCE:  
 9:00-10:00 \_\_\_\_\_ 10:00-11:00 \_\_\_\_\_ 11:00-Noon \_\_\_\_\_ Noon-1:00 \_\_\_\_\_ 1:00-2:00 \_\_\_\_\_

Put an "X" in each box under each name to indicate test requested	Call Name	Call Name	Call Name	Call Name	Call Name	Call Name	Call Name	Call Name	Cost per Test	= Ext. Amt.
<b>BREED of Dog</b>										
ACVO/OFA EYE EXAM									___X \$45	
CARDIAC AUSCULTATION									___X \$75	
ECHOCARDIOGRAM (includes Auscultation)									___X \$335	
MICROCHIP									___X \$30	
<b>TOTAL</b>										

I HEREBY RELEASE PARTICIPATING VETERINARIANS, JSLRC, INC., ITS MEMBERS AND AGENTS FROM ANY AND ALL INJURIES OR LOSSES SUSTAINED BY MYSELF OR MY DOG(S) WHILE AT THIS HEALTH EVENT.

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_