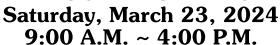*The Virginia Spring Fling is please to offer Health Clinics during the Cluster. We care about the future of our purebred dogs, and want to make available some of the Health Testing that good breeding programs address:*

Heart Clinic
Saturday, March 23, 2024
9:00 A.M. ~ 4:00 P.M.

Dr. Emily Westphal from the CVCA - Cardiac Care for Pets in Richmond will be the cardiologist performing echos and auscultation.

OFA Auscultations and Echocardiograms will be offered. **Auscultation fee is $60.00 per dog. Echo fee is $250.00 per dog**.

Please bring a copy of your dog's AKC registration form as well as any permanent identification information (microchip) you have for your dog, as this is required for the certification. Forms will be provided by Dr. Westphal.

PRE-REGISTRATION & ELECTRONIC PRE-PAYMENT REQUIRED. *Venmo@richmondheartclinic*

A non-refundable electronic payment is required in full prior to the clinic to confirm your registration. Once payment is received, the clinic will send you a confirmation E-mail with additional information. The schedule will be provided a week prior to the clinic. A limited number of walk-up appointments **may** be available day of event.

E-MAIL THE FOLLOWING INFORMATION TO *richmondheartclinic@gmail.com*

Owner's Name...Owner's E-mail ....

Street Address...

City/State/Zip..

Cell Phone # ....

Dog Name .... DOB ....

Breed...Sex ....

Which Service: Auscultation ☐ or Echo ☐ Sex: Male/Female Intact/Neutered/Spayed

Eye Clinic
Saturday, March 23, 2024
12:00 P.M. ~ 4:00 P.M.

Dr. Michael J. Blair, Animal Eye Care of Richmond
Exams will be on a **first come, first served basis.**
NO APPOINTMENTS WILL BE MADE! **Payment ONSITE ~ Cost $50.00.**
Cash or in state check made payable to: Dr. Michael J. Blair
NO Credit Card Payments ~ NO out-of-state checks.
10% of proceeds will be donated to the Virginia Spring Fling Cluster. Please bring a copy of your dog's AKC registration form as well as any permanent identification information (microchip) you have for your dog, as this is required for the **certification.**

Owner's Name...

Street Address...

City/State/Zip..

Cell Phone # ....E-mail:..

Pet's Name .... DOB ....

Breed...Sex ....