

## Silver State Service Dogs – Missouri Health Clinic Reservations

Please review this form acknowledging our policies for reservation requirements. **Reservations will only be confirmed upon receiving completed OFA applications and 50% down payment for services.**

- You are responsible for completing the [OFA CAER eye application online](#)
- If you requested advanced cardiac service, complete the section below. This information is used to prepare the multipart forms you will receive the day of the clinic.
- All other applications will be provided to you in the e-mail.
- Return all completed paperwork to [health\\_clinic@silverstateservicedogs.com](mailto:health_clinic@silverstateservicedogs.com)
- Payment can be submitted [via our PayPal link. Payment is due in full by February 18th.](#)

### **ADVANCED CARDIAC:**

**Owner name/Co-Owner name(s):**

**Mailing address:**

**City, State, Zip/postal code:**

**Phone:**

**Owner e-mail:**

**Registered name:**  
**Breed/Sex:**  
**Microchip/tattoo:**  
**AKC registration #:**  
**Date of birth (MM/DD/YY):**  
**Registration # of Sire:**  
**Registration # of Dam:**

**Registered name:**  
**Breed/Sex:**  
**Microchip/tattoo:**  
**AKC registration #:**  
**Date of birth (MM/DD/YY):**  
**Registration # of Sire:**  
**Registration # of Dam:**

**Registered name:**  
**Breed/Sex:**  
**Microchip/tattoo:**  
**AKC registration #:**  
**Date of birth (MM/DD/YY):**  
**Registration # of Sire:**  
**Registration # of Dam:**

Please check that you have read and understand the following:

- Appointments** are reserved only after submitting **all paperwork and down payment of 50%**
- Deposits are nonrefundable**
- Failure to submit **final payment** 2 weeks before the clinic date may result in cancellation
- To qualify for **hips and elbows**, your dog must be **less than 70 pounds**
- Owner is responsible for **separate OFA fees** (not included in cost of clinic services)
- Doberman** owners are responsible for **Holter Addendum fee** (not included in cost of clinic services)
- Review our policies in full** ([a complete list of our policies](#))

Signature:

Date:

**\*\*Please reach out to us at [health\\_clinic@silverstateservicedogs.com](mailto:health_clinic@silverstateservicedogs.com) if you are having difficulties with the applications and we would be happy to assist you in the process.**

**\*\*\*If the above hyperlinks are not working, you can copy/paste these URLs for access:**

**Silver State Service Dogs Policy** <https://silverstateservicedogs.com/missouri-health-clinic#680a3a86-cc00-4cab-984f-09425a8e4252>

**Silver State Service Dogs PayPal**

[https://www.paypal.com/paypalme/dianevilla1?country.x=US&locale.x=en\\_US](https://www.paypal.com/paypalme/dianevilla1?country.x=US&locale.x=en_US)

**OFA CAER Eye Application** <https://www.ofa.org/application-forms>

The clinic address is:

Veterinary Group of Chesterfield  
17709 Edison Ave.  
Chesterfield, MO 63005