TOY CLUB OF GREATER HOUSTON
HEALTH CLINIC

Saturday, November 2, 2024 10:00a.m. - 2:00p.m.

Gulf Coast Animal Eye Clinic, 1551 Campbell Road, Houston, TX 77055

EYE CLINIC: Dr. J. F. Swanson, Board Certified Ophthalmologist, will examine for hereditary eye defects and complete forms for OFA certification.

HEART CLINIC: Dr. Jenifer Lunney, Board Certified Cardiologist, will conduct a cardiac exam (auscultation only) to detect heart murmurs and will complete OFA forms.

PATELLA CLINIC: Dr. Max Banwell, Board Certified Orthopaedic Surgeon, will conduct patella exams and will complete OFA forms.

Appointments are required for each provider. Payment is due when an appointment is requested. No appointment will be scheduled unless and until a registration form for each dog to be tested is completed and returned. ***Large, aggressive, bite-prone dogs CANNOT and will not be accommodated at this clinic.***

*****Please DO NOT CALL Gulf Coast Animal Eye Clinic to book appointments. The registration form and payment options are available online by clicking on the 2024 Health Clinic tab on toyclubgh.com.*****

If you preregister and pay in full on or before October 23, 2024, the eye clinic is $40 per dog, the heart clinic is $50 per dog, and the patella clinic is $45 per dog.

After October 23, 2024, late registration fees apply. The eye clinic will be $45 per dog, the heart clinic will be $55 per dog, and the patella clinic will be $50 per dog.

You will be contacted with your confirmed appointment time(s)
once the schedule is set approximately one week before the clinic date.

Payments may be made online at https://www.zeffy.com/en-US/ticketing/00aa898f-794a-45fe-908d-ae1fcdd80c3a. **This link may also be found on the 2024 Health Clinic tab on the Toy Club of Greater Houston website: toyclubgh.com.**

Cheques should be made payable to "Toy Club of Greater Houston" and mailed to the address below:

Toy Club of Greater Houston
c/o M. Nicole Morrison, 4126 Gramercy Street, Houston, Texas 77025-1111

TOY CLUB OF GREATER HOUSTON
2024 HEALTH CLINIC REGISTRATION FORM

The following information is required for each dog before your appointments will be confirmed. ***Please e-mail one completed form per dog to ckcsmommy@yahoo.com.* If you need assistance in completing this form, please contact Health Clinic Chair M. Nicole Morrison at ckcsmommy@yahoo.com or 281-932-2807.**

AKC registration number (if any)_____

Previous/other registration number (if any)_____

Registered name_____

Call name_____

Breed_____

Permanent ID number (microchip) (if any)_____

Sex_____ **Color**_____ **Date of birth**_____

Registry and registration number of sire_____

Registry and registration number of dam_____

Name of primary owner_____

Name(s) of co-owner(s)_____

_____

Primary owner mailing address_____

_____

Primary owner e-mail address_____

Primary owner telephone number_____

Tests requested_____