

REGISTRATION FORM
STCGD BLADDER SCREENING CLINIC & DNA BANK BLOOD DRAW
Sunday November 19, 2023 10AM-4PM
Enon Veterinary Hospital, Dr. Alicia Griffin
28 W. Main Street, Enon, OH 45323

Name _____

Address _____

Email _____

Phone _____

Time Frame (please indicate 1st, 2nd, 3rd choice)

_____ 10 AM-12:00 _____ 12:00-2:00PM _____ 2:00PM – 4PM

Number of dogs for bladder screening [] X \$25.00 = Total Fees \$____.00

Call names of dogs:

*Fee is non-refundable once scheduled

Number of dogs for blood draw [no charge] _____

Call names of dogs:

Make check payable to STCGD and mail with this form to:

STCGD TCC/DNA screening
7300 Lower Miamisburg
Miamisburg, OH 45342

***We will try to accommodate everyone with their preferred times. ***

***After we receive your registration and payment,
you will be contacted with details of your appointment time. ***

***Bring your dog's registration information & microchip number (if your dog is chipped)
for the DNA Bank submission form. ***

***Do not let your dog urinate for 2 hours before the ultrasound. ***

Questions? Contact Barb Zink DanZinScots@gmail.com or Marcia Dawson HiJinkscot@gmail.com