

REGISTRATION FORM

STCGD BLADDER SCREENING CLINIC

SUNDAY November 3, 2024

Northside Vet Clinic
10 Critter Court
Springfield, OH

Dr. Griffin will do the Ultrasounds of the bladder.

Name _____

Address _____

Email _____

Phone _____

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

_____ 10 AM-12 pm

_____ 12:00-2:00PM

_____ 2:00PM – 4 pm

Number of dogs for screening: [] x \$40.00 = Total Fees \$ _____

*Fee is non refundable once scheduled

Make check payable to STCGD and mail with form to:

Barb Zink

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 times. ***

*Please, don't let your dogs urinate for 2 hours before the Ultrasound

Questions? Contact Barb Zink: danzin Scots@gmail.com