

**Semen Freezing and Health Clinic
VCA Fort Collins Animal Hospital &
Canine Genetic Reserve
Dr. Heather A. Steyn**

Friday April 23rd - At hospital, Saturday April 24th - At show grounds

vcafcah@vcahospitals.com

970-204-4567 Phone, 970-266-0629 Fax

4900 S. College Avenue Suite 120 • Fort Collins, CO 80525

Pre-registration offers a 10% discount on the prices listed below!

Pre-Registration is due by **4/1/2010** by fax, mail or email. Actual times for testing and services can be scheduled after the judging program is released. Please return registration form to have a time slot scheduled. No charges will be charged to the credit card # provided – this is just to hold pre-registration. There will be a \$10 cancellation fee if the office is not notified 48 hours in advance. ***Registrations will be accepted after the deadline and at the show without the 10% discount.***

A	Semen Collect, Eval & Freezing (unlimited vials/units)	\$250
B	Semen Collect and Evaluation (not freezing)	\$70
C	OFA BAER Hearing Test (Price decreases w/# of dogs)	\$28-52
D	OFA Kidney Tests	\$65
E	Optigen or any DNA test Blood Draw (+ test fee to Lab)	\$25
F	Brucellosis Blood Test (IFA Blood test)	\$48
G	Vaccinations (Rabies, Lepto, DA2PP, Bord) no exam	\$22-26
H	OFA MSU Thyroid Certification (includes shipping)	\$92
I	OFA Cardiac Evaluation	\$45
J	OFA Patella Certification	\$52
K	Microchip (registration included)	\$30
L	Tattoo	\$45
M	Ultrasound Pregnancy/Prostate/Infertility	\$70
N	Guarded Vaginal Cultures/Prostatic Cultures (Aer, Anaer, Mycoplasma & Abx Sensitivity)	\$152
O	VonWillebrands Factor	\$130
P	OFA Radiographs- Hips, Elbows, Spine (<i>Friday only</i>)	\$90-125
R	PennHip (<i>Friday only</i> , pre-op blood work required)	\$325

Other Health Testing available per request – call the hospital

REGISTRATION FORM

Fax: 970-266-0629

Email: vcafciah@vcamail.com

Mail: VCA Fort Collins Animal Hospital

4900 S. College Avenue, Suite 120

Fort Collins, CO 80525

Use one form per dog

OWNER:	
ADDRESS:	
PHONE:	
EMAIL:	
BREED:	
CALL NAME:	
AKC REG NAME:	
AKC REG #	
MICROCHIP #	
DATE OF BIRTH:	
SEX:	
AGENT AT SHOW:	
CREDIT CARD: (holds registration)	
NAME ON CC:	
EXP. DATE:	
TESTING:	