



Cavaliers of Southern New England

14th Annual Spring All-breed Health Clinic
SUNDAY, MARCH 24, 2019 – 8:00AM-4:00PM

Location: Suffield Veterinary Hospital www.suffieldvet.com
577 East Street South (Route#159), Suffield, Connecticut 06078

DEADLINE FOR ALL APPOINTMENT REQUESTS – FRIDAY MARCH 15, 2019

Appointment times will be assigned as Appointment Request Forms (attached) are received. Confirmation of your appointment will be sent to you by Friday, March 22, 2019, if you include a self-addressed stamped envelope or e-mail address. **All breeds welcome.** Heart clinic priority times will be given to Cavaliers; other breeds to be scheduled for cardiac exams as time permits. **Please bring AKC registration copies to insure that OFA forms are completed correctly.**

Eye Examinations: \$40 Dr. Shari Greenberg, DVM, Diplomate ACVO, www.nevccc.com

Please come at least 20 minutes ahead of your eye appointment for eye drops and to fill out the OFA Eye Exam form (not available to download in advance). AKC registration and permanent identification (DNA, Microchip, Tattoo) is required for OFA Eye Certification. A certificate will be issued confirming diagnosis. Minimum age for exam is 8 weeks. Dogs must be in good health.

Cardiac Auscultations: \$50 Dr. Tai Casagrande, DVM, DACVIM, (Cardiology), www.casagrandecardiology.com

This is a well-dog health screening clinic. We are not pre-scheduling doppler ultrasounds. At the cardiologist's recommendation, and as time permits, there will be ultrasounds offered at a cost of \$200.

O.F.A. certification is available. **Please come at least 15 minutes ahead of your heart appointment to fill out the new Advanced Cardiac Exam Form (not available to download in advance).**

Patella Examinations: \$25 Dr. Ann Huntington, DVM, Suffield Veterinary Hospital, Suffield, CT

O.F.A. certification available; please download & complete the OFA Patella application form in advance of your appointment from the OFA Website at http://www.offa.org/pdf/plapp_bw.pdf.

Microchip Implants: \$40 Dr. Ann Huntington, DVM

Fee includes 1 year chip registration fee. Owner to complete registration form on day of clinic.

NEW! Hip or Hip & Elbow X-Rays \$200 (one price) Dr. Ann Huntington, DVM

O.F.A. certification available; please download & complete the OFA Hip/Elbow application form in advance of your appointment from the OFA Website at https://www.ofa.org/pdf/hdedapp_bw.pdf.

NOTE: Limited to dogs 80 pounds and under. Dr Huntington uses light sedation for all X-rays; therefore all Hip and Elbow X-rays will be scheduled AFTER any other appointments you request. If you have any questions about type of sedation, please call Suffield Vet at 860-668-4041 in advance of requesting your appointment.

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## **Directions from RT 91:**

RT 91 North or South, take exit 47W (RT 190 west to Suffield). RT 190 crosses the Connecticut River and comes to a T intersection with RT 159. Turn left onto RT 159 South. Suffield Veterinary Hospital is about 2 miles south on the right.

## **Directions from Big E:**

See above or follow alternate directions through Agawam. Turn left out of property onto Memorial Ave. Stay in left lane and follow to small bridge (4 corner intersection with RT 159 and RT 75). Turn left onto RT 159 south. Follow RT 159 south 10 miles (through Agawam into Suffield). Suffield Veterinary Hospital is on the right.

## **Directions from Suffield center (RT 75)**

Take Bridge ST east from the center of Suffield (Bridge ST is just south of the RT 75 and RT 168 intersection at the town green). Follow Bridge ST to RT 159. Turn right onto RT 159 South. Suffield Veterinary is about 1 mi. south on the right.

This flyer and the Appointment Request Form are posted online at <http://www.csne.us/healthclinic.html>



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## Appointment Request for CSNE 2019 Spring Health Clinic

Name: \_\_\_\_\_

Preferred Time: \_\_\_\_\_ AM or PM

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City/Town: \_\_\_\_\_ ST: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Zip Code: \_\_\_\_\_

Breed: \_\_\_\_\_

|                 |                                |         |   |                 |
|-----------------|--------------------------------|---------|---|-----------------|
| Number of dogs: | _____ Eye Exam                 | x \$40  | = | \$ _____        |
|                 | _____ Cardiac Auscultations    | x \$50  | = | \$ _____        |
|                 | _____ Patella                  | x \$25  | = | \$ _____        |
|                 | _____ Microchip Implants       | x \$40  | = | \$ _____        |
|                 | _____ Hip X-ray                | x \$200 | = | \$ _____        |
|                 | _____ Set Hip AND Elbow X-rays | x \$200 | = | \$ _____        |
|                 | <b>Total Enclosed:</b>         |         |   | <b>\$ _____</b> |

**Send this APPOINTMENT REQUEST with payment by check made out to CSNE to:**

**CSNE  
c/o Cheryl Mandeville  
790 School St.  
Webster, MA 01570**

**Information: <http://www.csne.us/healthclinic.html>**

**Or contact Cheryl Mandeville at [cherjergsd@hotmail.com](mailto:cherjergsd@hotmail.com)**

**Phone for use on day of the clinic only: (860) 336-9025**