

Your name: _____ Cell Phone # _____

Address: _____

Email: _____ Dog/s name/s: _____

Number of Dogs for Eye Exam: _____ x \$60 = _____ BREED: _____
Preferred time: 10am- 11am 11am-12pm 12-1pm 1pm-2pm

Number of dogs for Auscultations: _____ x \$60 _____ BREED: _____
Preferred time: 9-10am 10-11am 11am-12pm 12-1pm 1-2pm

Number of dogs for Echocardiogram: _____ x \$280 _____ BREED: _____
Preferred time: 9-10am 10-11am 11am-12pm 12-1pm 1-2pm

Number of dogs for Micro-chipping: _____ X \$40 _____ BREED: _____
preferred time: 9-10am 10-11am 11am-12pm 12-1pm 1-2pm

~ PREPAYMENT~

CHECKS: made out to **SHARON LONG** or **PAYPAL:** sharonlong82@gmail.com

MAIL TO: SHARON LONG, 7812 N LONGVIEW CT., EDGERTON, WI 53534