



**Please initial:** I hereby assume the sole responsibility for and agree to hold the Host Club, the ACDCA, its Board of Directors, Dr. Joanna Jones, DVM, Dr. Greg Acland or any clinic volunteers and workers harmless from any and all losses and expenses resulting from, or arising out of, or in consequence of my participation in this program. No testing will be done without initialing here. • \_\_\_\_\_

For Optigen tests, fill out the above registration. Then, some time **between 9/15 and 9/29** go to the Optigen web site ([www.optigen.com](http://www.optigen.com)) to ORDER A TEST. Complete the necessary paperwork and pay for the test. You will need a discount code to complete this paperwork.

The code for this clinic is **ACDNS8929**. Bring a copy of this completed paperwork with you to the clinic when you come for your blood draw. The veterinarian drawing the blood needs to sign it. Your blood and papers will be shipped to Optigen for you, and your results will be sent directly to you.

•Please note we intend to have microchipping available during the health clinics for a small fee. Arrangements can be made the day of the clinic.

•Dr. Acland is also interested in collecting data for a study on porto-systemic shunts in ACDs.

If you are interested in participating in this study or for more information on the 2008 Health Clinics in general contact Emily Overholser: [everhol@gmail.com](mailto:everhol@gmail.com) or 410-963-0173

**Additional ON-LINE Forms at:**

<http://www.acdca2008.com/forms.html>

**OPTIGEN 20/20 CLINIC, BAER TESTING, CERF  
CLINIC, CHIC BLOOD DRAW**

**9am-4pm September 29, 2008  
Mountain Springs Arena  
Shartlesville, PA**



***Please fill out a separate form for each dog***

Send form with payment (make checks to **ACDCA, Inc.**) to:

**Deb Mills  
222 Memorial Drive  
Bath PA 18014**

***Must be received by September 21, 2008; Space is limited***

***Requested Tests:***

- \_\_\_\_\_ BAER Testing - \$45  
\_\_\_\_\_ CERF Screening with Dr. Acland - \$25 for first dog; \$20 for each additional dog  
\_\_\_\_\_ 20/20 Blood Draw for Optigen Testing\* - \$10  
\_\_\_\_\_ CHIC Blood Draw - \$10

Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Dog's Registered Name: \_\_\_\_\_  
\_\_\_\_\_

AKC Registration Number: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_

Sire's AKC No: \_\_\_\_\_

Dam's AKC No: \_\_\_\_\_

Tattoo or Microchip Number: \_\_\_\_\_  
\_\_\_\_\_