

2026 SUN-GOLDEN KENNELS HEALTH CLINIC REGISTRATION FORM

Your name: _____ Cell Phone # _____

Address: _____

Email: _____

Preferred time 10am- 11am 11am-12pm 12-1pm 1pm-2pm 2-3pm

DOG'S NAME: _____ **BREED:** _____

Eyes (\$60) Auscultations (\$60) Echocardiogram (\$280) Micro-chipping (\$40)

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~ WE ONLY ACCEPT PREPAYMENT ~

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

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