



## HOLTER TESTING CLINIC

Tuesday, September 26, 2006  
Holiday Inn Denver International Airport



Holter Monitor Tests \$100  
(Includes reading and kit)

Please fill out a separate form for each dog.  
Scheduling preferences will be given to pre-paid applicants,  
then unpaid applicants, then walk-ins or stand-bys.

**We must meet a minimum of 10 dogs to bring this special clinic to our National. Deadline for registration is July 31, 2006 to meet this criteria. Also, please note that dogs will be shaved for the test. Holters are donated for use by Alba Medical Services.**

Dog's Registered Name: \_\_\_\_\_  
AKC Registration No. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_  
Sire's AKC No: \_\_\_\_\_ Dam's AKC No: \_\_\_\_\_  
Tattoo or Microchip Number: \_\_\_\_\_  
Owner Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Current medications: \_\_\_\_\_  
Dose (how much and how often): \_\_\_\_\_  
Current medications: \_\_\_\_\_  
Dose (how much and how often): \_\_\_\_\_  
Other important medical information: \_\_\_\_\_

### Agreement:

I hereby assume the sole responsibility for and agree to hold the Host Club, the DPCA, its Board of Directors and Health Clinic personnel harmless from any and all losses and expenses resulting from, or arising out of, or in consequence of my participation in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to:

Darlene Young  
c/o Marilyn Altheide  
1791 Lambeth  
Concord, Ca 94518

Contact/Questions:

Darlene Young  
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**Make checks payable to: DPCA National Fund**