

# Trinity Hills 24<sup>hr</sup> PET + HOSPITAL

Saturday, August 5 and Sunday, August 6, 2023  
Alberta Kennel Club's All Breed Championship Shows – Spruce Meadows, Calgary Alberta

## SEMEN COLLECTION – EVALUATION – FREEZING AND HEALTH CLINIC

with Dr. Heather Suttie, DVM

Offering clinic service for your convenience (SHOW PRICES ONLY)

### SEMEN SERVICES

Semen Collection and Evaluation (with morphology)	\$120.00
Semen Collection for Freezing (with 1 year storage)	\$400.00

### BLOOD SERVICES

OFA Thyroid	\$220.00
Brucella	\$140.00
Idexx Titre Testing (Distemper and Parvovirus)	\$155.00

### OTHER SERVICES

OFA Patella Luxation	\$ 85.00
OFA Cardiac (Basic Auscultation)	\$ 85.00
SHOW SPECIAL – BOTH PATELLA AND CARDIAC	\$115.00

Breed Specific DNA Testing through Pawprint Genetics

<https://www.pawprintgenetics.com/>

Advise of test(s) wanted:

Dependent on  
number of tests  
ordered per dog.

(There is a discount when multiple tests are ordered per dog)

AKC DNA Profile (stud dogs only) (price includes shipping) (Limited number – only 4 available)	\$80.00CAD <b>PANTOPRAZOLE</b>
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**TO REGISTER OR FOR MORE INFORMATION**  
**PLEASE CONTACT MARNI AT 403-233-2888 OR [Repro@thph.ca](mailto:Repro@thph.ca)**

## Application Form

### OWNER INFORMATION

Name:	Address:
Email:	
Phone: h)	Phone: c)

### CANINE INFORMATION

Registered Name:	
Call Name:	Date of Birth:
Breed:	Colour:
Reg #:	Microchip/Tattoo:

### REQUESTED PROCEDURE(S):

Semen Collect/Evaluate ☐      Semen Collect/Evaluate/Freeze ☐      OFA Thyroid ☐  
 Brucella ☐      Idexx Titre Testing ☐      OFA Patella Luxation ☐      OFA Cardiac ☐  
 AKC DNA Profile ☐      DNA Testing ☐      Requested test(s): \_\_\_\_\_  
 Preferred Date of Appointment (Saturday or Sunday): \_\_\_\_\_  
 Morning or Afternoon Preferred: \_\_\_\_\_  
 Are you competing on this day? \_\_\_\_\_

**\*\* We understand that some appointments will need to be made around ring times and will do our best to accommodate once the judging/performance schedule is published. Please contact us with special requests.**

### PAYMENT INFORMATION:

CREDIT CARD NUMBER: \_\_\_\_\_  
 EXPIRY: \_\_\_\_\_      CVV: \_\_\_\_\_  
 NAME ON CARD: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_