

KKC APPOINTMENT REQUEST
NOV. 3, 2024 HEALTH CLINIC

NAME _____

ADDRESS _____

ZIP CODE _____

EMAIL ADDRESS _____

PHONE _____ BREED _____

NUMBER OF DOGS FOR EYE EXAM _____ x \$40

NUMBER OF DOGS FOR MICROCHIP _____ x \$40

NUMBER OF DOGS FOR HEART EXAM

BASIC CARDIAC (AUSCULTATION ONLY) _____ x \$65

ADVANCED CARDIAC
(AUSCULTATION & ECHO) _____ x \$310

HEART EXAMS LIMITED TO 2 DOGS PER PERSON. CHECK
HERE IF YOU HAVE ADDITIONAL DOGS TO BE WAIT LISTED: _____

PREFERRED TIME _____ AM OR PM AMOUNT ENCLOSED \$_____

SEND APPOINTMENT REQUEST FORM WITH CHECK PAYABLE TO KKC OF CT, INC. TO:

CINDY JONES, 214 RESERVOIR RD., KILLINGWORTH, CT 06419

YOU MUST PRE-REGISTER BY MONDAY, OCT. 21, 2024.