

REGISTRATION FORM

STCGD BLADDER SCREENING CLINIC

SUNDAY November 2, 2025

**Northside Vet Hospital, Dr. Griffin
10 Critter Ct, Springfield, OH**

Registration opens 9-27-2025 and closes 10-24-2025

Owner: _____ **Pets Name & age:** _____

Address _____

Email _____

Phone _____

Time Frame (please indicate 1st, 2nd, 3rd choice)

_____ **10 AM-12 pm**

_____ **12:00-2:00PM**

_____ **2:00PM – 4 pm**

Number of dogs for screening: [] x \$40.00 = Total Fees \$ _____

***Fee is non refundable once scheduled**

Make check payable to STCGD and mail with form to:

Barb Zink

7300 Lower Miamisburg

Miamisburg, OH 45342

*****We will try to accommodate everyone with their preferred times. *****

*****After we receive your registration and payment,
you will be contacted with details of your appointment times. *****

***Please, don't let your dogs urinate for 2 hours before the Ultrasound**

Questions? Contact Barb Zink: danzinscots@gmail.com

For the discounted price, must meet criteria as set forth by the HTF STCA fund.