

REGISTRATION FORM

STCGD BLADDER SCREENING CLINIC

WEDNESDAY JUNE 17, 2020

County Animal Hospital, Dr. Gary Smith
1185 Reading Rd
Mason OH 45040
513-398-8000

Name _____

Address _____

Email _____

Phone _____

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

_____ 11AM-1pm _____ 1:00-3:00PM _____ 3:00PM – 5:30PM

Number of dogs for screening: [] x \$25.00 = 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. ***

Questions? Contact Barb Zink: danzincots@gmail.com

Suggested Screening Report for Clinic Participants

STCGD

Date _____

Location _____

Name of Owner _____

Address _____

Phone _____ Email _____

Name of dog _____

Breed _____ Sex _____ Spayed/Neutered? _____

Age _____ Color _____

Has this dog been diagnosed previously with Bladder Cancer? Yes__ No__

By signing this form, I agree to allow my dog to be scanned with an ultrasound machine and do not hold the ultrasonographer or the Club liable for any unforeseen injury to myself or my dog during this procedure.

Signed _____ Date _____

Findings of Bladder Screening

Normal: Yes _____ No _____

Abnormal Findings (check all that apply)

Thickened wall _____

Suspicious mass _____ Approximate Size _____

Location in bladder:

Trigone _____

Apex _____

Body _____

Prostate _____

Ureter _____

Other comments:

I have performed the urinary bladder screen on the above-named dog, and I have recorded my findings on this form.

I recommend a follow-up appointment for this dog for further work-up with owner's veterinarian. _____

This dog does not require further work-up at this time. _____

Signed _____ Date _____

Veterinary Ultrasonographer/ Specialist