

BREAKING NEWS
BLUE RIDGE VETERINARY IMAGING
WILL BE JOINING OUR ANNUAL
CANINE HEART & EYE CLINIC
May 3, 2025

Hosted by the Mid Florida Golden Retriever Club

Date: May 3, 2025 Time: 8 am – 5 pm

Pre-registration closes April 25, 2025

Register early. Space is limited. No walk-ins or refunds.

Nathan Craddock, DVM

Maggie Lamy, DVM, DACVIM – Cardiology

Dennis Brooks, DVM, ACVO

Marion Alachua Dog Training Association 6600 NW 3rd Place, Ocala, FL

Fee:	CAER Eye Exam	MFGRC Members - \$45	Non-Members - \$50
	Heart Exam – Echocardiogram	MFGRC Members - \$285	Non-Members - \$310
	Auscultation Exam Only	MFGRC Members - \$80	Non-Members - \$85
	Hips – \$315	Elbows – \$165	Shoulders - \$165
	Spine – \$265	Trachea – \$140	Patellas – \$55
	Dentition – \$55	Microchip – \$40	

Please make checks payable to MFGRC and mail with completed form to:

Camille Nasca, 4008 Bradley Ave. Orlando, FL 32839

[Address Zelle payments to mfgRCTreasurer112011@gmail.com](mailto:mfgRCTreasurer112011@gmail.com)

When paying via Zelle, please email completed registration form to mischiefgolden@gmail.com

and indicate the amount paid via Zelle

You can write one check to the Mid-Florida Golden Retriever Club for all tests except for the OFA charge.

If you are submitting test results performed by Blue Ridge Imaging to OFA you must make a separate payment for the OFA charge directly to Blue Ridge.

Mid-Florida Heart & Eye Clinic Registration Form

Submission to OFA must be paid directly to Blue Ridge on the day of the exam.

Please note the 100 lb. weight limit for Blue Ridge Imaging

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and indicate amount paid via Zelle

Name: _____

Address: _____

Email: _____ Phone: _____

of Dogs for Eye Exam: _____ Breed: _____

Dog's Name(s): _____

of Dogs for Auscultation Only: _____ # Dogs for Echocardiogram: _____

Breed: _____ Dog's Name(s): _____

Mid-Florida/Blue Ridge OFA Studies

Name: _____

Address: _____

Email: _____ Phone: _____

Dogs for Hips: _____ Breed: _____ Dogs for Elbows: _____ Breed: _____

Dog's Name(s): _____

Dogs for Shoulders: _____ Breed: _____ Dogs for Spine: _____ Breed: _____

Dog's Name(s): _____

Dogs for Trachea: _____ Breed: _____ Dogs for Patella: _____ Breed: _____

Dog's Name(s): _____

Dogs for Dentition: _____ Breed: _____ Dogs for Microchip: _____ Breed: _____

Dog's Name(s): _____

Contact Camille at mischiefgolden@gmail.com with questions.