



A UKC club for the Poodle and Standard Poodle Breeds

United Poodle Breeds Association (UPBA)

<http://www.upba.org>

is proud to host a vWD health clinic for the following breeds:

Bernese Mountain Dog, Doberman Pinscher, Drentsche Patrijshond, German Pinscher, Kerry Blue Terrier, Manchester Terrier, Papillon, Pembroke Welsh Corgi, Poodle (all sizes), Scottish Terrier, and Shetland Sheepdog.

The vWD Health Clinic will run from **October 1 to October 31, 2006.**

Cost per vWD Kit: \$99.00. This is a savings of \$41 per test kit from VetGen's regular price of \$140.00.

We will collect payments and forms from each owner requesting test kits for their dogs during the health clinic period. We will forward them to VetGen for processing once we collect the 25 minimum required and again at the end of the health clinic period. VetGen will send each owner the Sample Collection kits which should be returned directly to VetGen for testing. Each owner will receive results directly from VetGen. You can participate in this health clinic by submitting the health clinic form on the next page any time by U.S. Mail during the dates listed above or by attending the UPBA's Fall Poodle/Standard Poodle Specialty Show on October 14, 2006 at Bel Air, Maryland. UPBA's Specialty show is being held in conjunction with the Old Line State United Dog Club's (UKC) All breed shows at the same date and location.

United Poodle Breeds Association (UPBA) is hosting this health clinic free of charge for the benefit of the Poodle/Standard Poodle breeds and the dog community in general and does not receive any compensation, commission, or discount for offering this service. For more information, see our website at:

<http://www.upba.org>

Submission form for UPBA's vWD Health Clinic, (October 1-31, 2006 only):
(Please print all information clearly)

Name: _____

Address: _____

Phone (H) _____ (W) _____

Email Address: _____

Breed of Dog:	Price:	Number of Dogs	Total
	\$99.00		
Make Check or MO payable to VETGEN		Total Enclosed:	

Mail this form and your check or money order (U.S. Funds only) to:
UBPA vWD Health Clinic c/o: Katie Dokken, P.O. Box 191, Orlean, VA 20128.

If you wish to pay by CREDIT CARD (Visa or Mastercard only):

Credit Card Number: _____

Credit Card Expiration Date: _____

Name as it appears on the Credit Card: _____

Day time Phone Number in case of problems processing your card: _____

Questions? Put 'vWD' in the subject line and email: secretary@upba.org