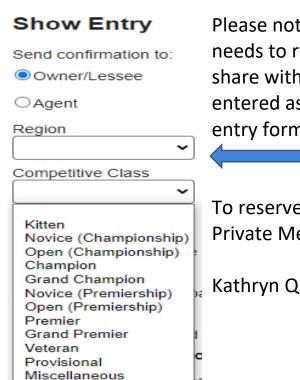
HCM CLINIC

Justin D. Thomason, DVM, DACVIM

Tau Veterinary, Cardiology and Consulting Clinic, Manhattan, Kansas

Located for 1-day only at the Gulf Shore Regional Fundraiser Cat Show 2600 Howard Street, Little Rock, AR 72206 February 17, 2024 - starting at 8:30am

HCM Scans are \$250 per cat



Exhibition Only

AOV

Please note... if your cat is not entered in the cat show but needs to remain in the show hall all day, the cat will need to share with an entered cat's space, or will need to be entered as an Exhibition Cat which is \$20, noted on the entry form for CFA Cat Shows

To reserve a space at the HCM Clinic for your cat, please

Private Message:

Kathryn Queen





3262 Kimball Avenue * Manhattan * KS * 66503 * 785-340-5047

Dr. Justin Thomason

Dr. Thomason has gained over 20 years of veterinary clinical experience since graduating from Oklahoma State University's College of Veterinary Medicine with a Doctor of Veterinary Medicine degree in 2002.

After obtaining his DVM degree, he pursued seven additional years of specialty veterinary training and obtained board certification in both Cardiology and Small Animal Internal Medicine through the American College of Veterinary Internal Medicine.

He was on faculty at three veterinary schools (Oklahoma State, University of Georgia, and Kansas State University) before transitioning to private specialty practice.

When not on clinical service, Justin enjoys spending time with his wife Sasha, and son Will.



Justin Thomason, DVM, DACVIM (Small Animal Internal Medicine), DACVIM (Cardiology)

He is an attendee of TRU church and is a volunteer weight lifting coach at Flint Hills Christian School.

His other hobbies are jogging, reading, and following his favorite sporting teams.

Justin also provides veterinary cardiology services at BluePearl Veterinary Specialty Hospital in Overland Park, Kansas.

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		PATIENT	INFORMATION			
Owner/Agent Name:		City/State:		Phone Nu	mber:	
Cat's Call Name:	Cat's Registered Name:		Cat's Registration Number/Re	gistry:	Breed:	
Date of Birth:		Sire's Re	gistration Number/Registry:	Dam's Reg	 istration Number/Registry:	
I certify that I am the			the cat presented for examin	nation is the	e cat described above.	
Owner/agent signature:						
		PARENTALA	AN INDODMATION			
		PATIENT	INFORMATION			
Owner/Agent Name:		City/State:	IN ORMITTON	Phone Nu	mber:	
Cat's Call Name:	Cat's Registered Name:		Cat's Registration Number/Re	gistry:	Breed:	
Date of Birth:		Sire's Re	gistration Number/Registry:	Dam's Reg	 istration Number/Registry:	
I certify that I am the			the cat presented for examin	nation is the	e cat described above.	
Owner/agent signature:						
O /A + N			INFORMATION	DI N	1	
Owner/Agent Name:		City/State:		Phone Nu	mber:	
Cat's Call Name:	Cat's Registered Name:		Cat's Registration Number/Re	gistry:	Breed:	
Date of Birth:		Sire's Re	egistration Number/Registry:	Dam's Reg	istration Number/Registry:	
I certify that I am the owner of or agent for this cat, and that the cat presented for examination is the cat described above.						
Owner/agent signature:						
		IN I	A NI INIDADIM AZDIZANI			
PATIENT INFORMATION						
		City/State:	City/State:		Phone Number:	
Cat's Call Name:	Cat's Registered Name:		Cat's Registration Number/Re	gistry:	Breed:	
Date of Birth:		Sire's Remale	egistration Number/Registry:	Dam's Reg	istration Number/Registry:	
I certify that I am the			the cat presented for examin	nation is the	e cat described above.	
Owner/agent signature:						