Echocardiogram Clinic Registration Form

Appointments:

It is recommended to have an assistant available to take your dog to the scheduled appointment if you are unable to do so yourself due to any unexpected conflicts. Keep in mind that the assistant you choose will be privy to confidential information during your dog's exam. Any person with a large breed dog in the clinic MUST bring an assistant to the dog's appointment to assist in getting the dog on and off the cardiac table.

Registration:

There will be a charge of \$30.00 for all NSF cheques. There are no cancellations or refunds unless the clinic is cancelled. Any overpayment will be considered a donation.

Please print clearly or type out the form below. Complete one registration form per dog and send with payment using one of the methods listed on flyer.

Is this dog entered in the dog show?	Yes No (mano	datory - please check one)		
Select all that apply:All Breed	Specialty	Obedience Rally O	bedienceAgi	lity	
Class or Classes Entered For Obedi	ence/Rally Obedienc	e?	· · · · · · · · · · · · · · · · · · ·		
Registered Name of Dog:					
Registration Number (circle one: AKC	C CKC Other):				
Date of Birth (D/M/Y):	Sex:	Breed of Dog:			
Owner(s):					
Address:					
City:	Province/S	tate:	Postal/Zip Cod	e:	
Home Phone:	Other Phone (circle one: work or cell):				
Email Address:					
Please indicate which day(s) your do	ng will he availahle fo	or an annointment:			
Saturday, August 1, 2015	morning	afternoon			
Friday, July 31, 2015 Saturday, August 1, 2015 Sunday, August 2, 2015	morning morning morning morning	afternoon			
Appointments will be scheduled onc appointment date and time will be sen				ic will happen. Your	
Office Use Only:					
Appointment Date:		Appointmer	nt Time:	am/pm (circle one)	
Gift Certificate(s) Redeemed: N/Y	(circle one)	Total Amount of G	ift Certificate(s) R	edeemed: \$	

Auscultation Registration Form

Appointments:

Auscultation appointments will be scheduled every 6 minutes. Please ensure that you and your dog arrive a few minutes prior to your appointment time. Auscultations are only being offered in the times listed below. Please note that there is a limited number of echocardiogram appointments at this show and there may or may not be walk in spots available should the cardiologist make a recommendation that your dog follow up with an echocardiogram exam.

Registration:

There will be a charge of \$30.00 for all NSF cheques. There are no cancellations or refunds unless the clinic is cancelled. Any overpayment will be considered a donation.

Please print clearly or type out the form below. Complete one registration form per dog and send with payment using one of the methods listed on flyer.

Is this dog entered in the dog show?	Yes No (mandatory -)	please check one)			
Select all that apply: All Breed	Specialty Obedier	nce Rally Obedience	Agility		
Class or Classes Entered For Obedie	ence/Rally Obedience?				
Registered Name of Dog:					
Registration Number (circle one: AKC	C CKC Other):				
Date of Birth (D/M/Y):	Sex:	Sex: Breed of Dog:			
Owner(s):					
Address:					
City:	Province/State:	Postal/Zip	Postal/Zip Code:		
Home Phone:	Other Phone (circle one: work or cell):				
Email Address:					
Auscultation appointments will be d will be available for an appointment Friday, July 31, 2015 Saturday, August 1, 2015 Sunday, August 2, 2015 Appointments will be scheduled onc appointment date and time will be sen	lone during the following time t (give us your top three choice between 8:00am & 9:00 between 8:00am & 9:00 between 8:00am & 9:00 te the AKC judging schedule	es only. Please indicate which ces by using 1, 2 & 3): Dam between 1:30p Dam between 1:30p Dam between 1:30p Dam between 1:30p	day & time range your dog m & 2:30pm m & 2:30pm		
Office Use Only:					
Appointment Date:	·	Appointment Time:	am/pm (circle one)		
Gift Certificate(s) Redeemed: N/V(circle one) To	tal Amount of Gift Certificate(s)	Redeemed: \$		