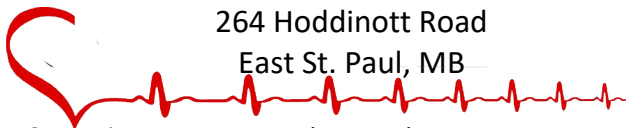


OFA ECHO Heart Clinic

Saturday, August 18th and Sunday, August 19th 2018

Hosted at MCA dog show site
East St. Paul Community Centre
264 Hoddinott Road
East St. Paul, MB



Sponsored by: Manitoba Working & Herding Association (MWHHA)

Board Certified Cardiologist: **Dr. Kimberley C. E. Hawkes**

Guardian Veterinary Centre

5620 99th St. NW

Edmonton, AB T6E 1V2

Co-ordinator – Kim Lellig at 204-334-9316 or kimlel@mts.net

Fill out and mail/email the clinic form along with the OFA form with your cheque payable to Manitoba Working & Herding Association. We will also accept paypal and etransfers but attendee must pay fees in advance.

Send to: MWHHA Clinic c/o K. Lellig, 459 McPhillips Road, St Andrews, Manitoba R1A 3E9 or kimlel@mts.net

OFA Cardiac applications are available on their site: http://www.offa.org/pdf/cardapp_bw.pdf . Please print/complete the top half of the OFA application(s) and send to the address above along with the clinic form below.

COST:

MWHHA Members: Doppler echocardiogram (auscultation included with echo) \$225.00 per dog

Non-members: Doppler echocardiogram (auscultation included with echo) \$250.00 per dog

NOTE: OFA fees are not included in any of the above prices.

Auscultation may be accommodated depending on availability of appointments – please inquire prior to mailing / emailing in forms and payment. Cost would be \$65.00

DEADLINE for applications and payment – July 18, 2018 but appointments are limited – REGISTER EARLY!!!

Cancellation of appointments may be accommodated if we can fill the spot – best efforts will be made.

You will be called or e-mailed the week before the clinic with your appointment times once the judging schedule is available.

MWHHA collects/uses your personal information only to provide you with the services you have requested from us.

Please include ALL requested information.

Owner's Name: _____

Address: _____ E-mail address: _____

City: _____ Province: _____ Postal Code: _____

Telephone – home _____ Telephone – work _____ Cell: _____

Number of dogs to be examined: _____

Date of application: _____

Amount Enclosed: _____ \$225 member per exam; \$250 non-member per exam

Method of payment: _____

Are you entering MCA dog show? YES NO

Preferences will be accommodated where possible:

August 18th Sat a.m. ____ p.m. ____

August 19th Sun a.m. ____ p.m. ____