

**REGISTRATION FORM**  
**FREDERICTON KENNEL CLUB EYE CLINIC**

Please Print

Registered Name	
Breed/Sex	
ID# (indicate type) Tattoo Microchip	
Registration # (indicate type) CKC AKC Other	
Date of Birth	
Owner Name	
Co-owner Name	
Phone	
Address	
City/Province/Postal Code or City/State/ZIP	
E-Mail	

Circle Time Preferred: 9:00 am – 10:30 pm    10:45 am to 12:00    1:00 pm – 3:00 pm

**IMPORTANT NOTICE**

Please note that the appointment time you will be given is for 30 minutes before the time at which you will get in to see the Specialist. This is necessary for the drops used to dilate the pupil to work and for completion of paperwork.

The organizers of the clinic and the owners of the premises where the clinic is held may not be held responsible for any loss or damage to persons attending or to their animals or to their property.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

CLUB USE ONLY Payment Received /Date \_\_\_\_\_ Type \_\_\_\_\_  
Appointment Time