



## Echocardiogram with Color Flow Doppler Breed Screen Clinic

Open To Purebred Registered Dogs of All Breeds

With Board-Certified Cardiologist,  
Dr. Luis Braz-Ruivo DVM, DVSc, ACVIM (Ca)

**Dates: July 30 & 31, 2016**

Location: North American Ring Viewing Building  
Spruce Meadows, 18011 Spruce Meadows Way SW, Calgary, Alberta  
Sponsored by the Alberta Kennel Club All Breed Show

**PLEASE NOTE:** This clinic is being conducted for the screening of congenital or acquired heart disease in breeding stock. No medical advice will be given to treat any suspected medical condition, or to check the progression of a previously diagnosed condition.

### Registration Deadline:

**July 8, 2016 or when all spaces have filled**

**Echo Cost: \$225.00 per dog prior to/on the registration deadline.**

**Auscultation Cost: \$50.00 per dog prior to/on the registration deadline.**

**Contact Cindy or Karen regarding appointment availability after deadline.**

\*If you are not entered in the show, you will be required to pay the admission fee to get onto the show grounds\*

**\*NEW! Payment & registration through DogShow.ca!\***

Other registration/payment options:

\*Send registration/payment by email/e-transfer:

[drluisbrazruivoab@gmail.com](mailto:drluisbrazruivoab@gmail.com)

\*Mail registration/payment by cheque/money order to  
address below.

**Make cheques/money orders payable to:  
Luis Braz-Ruivo**

ENTER ONLINE  
[www.DogShow.ca](http://www.DogShow.ca)

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\* No purchase required. Full contest details available at [www.DogShow.ca/Contest](http://www.DogShow.ca/Contest)

Cindy Thomas / Karen LeJeune  
229 - 5029 34 Street, Red Deer, AB. T4N 0P4  
[drluisbrazruivoab@gmail.com](mailto:drluisbrazruivoab@gmail.com)

Cindy's Phone: 403-346-9848 / Karen's Phone: 403-318-3358  
Cindy's Fax: 403-346-9846 / Karen's Fax: 1-888-755-3362

Also check out Health Clinics under Prairies on the Canuck Dogs website at <http://www.canuckdogs.com>

# 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 \$45.00 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  Obedience  Rally Obedience  Agility

Class or Classes Entered For Obedience/Rally Obedience? \_\_\_\_\_

Registered Name of Dog: \_\_\_\_\_

Registration Number (circle one: AKC CKC Other): \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_ Sex: \_\_\_\_\_ Breed of Dog: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone (circle one: work or cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please indicate which day(s) your dog will be available for an appointment:**

Saturday, July 30, 2016  morning  afternoon  
 Sunday, July 31, 2016  morning  afternoon

**Appointments will be scheduled once the judging schedule is out and it is determined the clinic will happen. Your appointment date and time will be sent to the email address you provided above after July 25, 2016.**

Office Use Only:

Appointment Date: \_\_\_\_\_, \_\_\_\_\_ Appointment Time: \_\_\_\_\_ am/pm (circle one)

Gift Certificate(s) Redeemed: N / Y (circle one) Total Amount of Gift Certificate(s) Redeemed: \$ \_\_\_\_\_

# 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. **If you are late for your appointment or do not show up for your appointment there is no guarantee we will be able to fit your dog in for a different date and/or time.** 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 \$45.00 for all NSF cheques. **There are no cancellations or refunds unless the clinic is cancelled. There will be no refunds given for missed appointments. 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  Obedience  Rally Obedience  Agility

Class or Classes Entered? \_\_\_\_\_

Registered Name of Dog: \_\_\_\_\_

Registration Number (circle one: AKC CKC Other): \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_ Sex: \_\_\_\_\_ Breed of Dog: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone (circle one: work or cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Auscultation appointments will be done during the following times only. Please indicate which day & time range your dog will be available for an appointment (give us your top two choices by using 1 & 2):**

Saturday, July 30, 2016  between 8:00am & 8:30am  between 1:30pm & 2:00pm  
 Sunday, July 31, 2016  between 8:00am & 8:30am  between 1:30pm & 2:00pm

**Appointments will be scheduled once the judging schedule is out.** Your appointment date and time will be sent to the email address you provided above after July 25, 2016.

Office Use Only:

Appointment Date: \_\_\_\_\_, \_\_\_\_\_ Appointment Time: \_\_\_\_\_ am/pm (circle one)

Gift Certificate(s) Redeemed: N / Y (circle one) Total Amount of Gift Certificate(s) Redeemed: \$ \_\_\_\_\_