

	<p style="text-align: center;">GOLDEN RETRIEVER CLUB OF ALBERTA</p> <p style="text-align: center;">EYE AND HEART CLINIC</p> <p style="text-align: center;">October 14, 2012</p>
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Location:

Greenbank Veterinary Services
6710-101 Ave
Edmonton, Alberta

CERF Eye Exams
Dr. Graham Lewis D.V.M., Dipl ACVO

Cost:

GRCA Member	\$37
Non Member	\$42
Add'l dogs \$37 (same owner)	

AUSCULTATION Heart Clearance exams:
Dr Kim Hawkes D.V.M, Dipl ACVIM (Cardiology)

Cost:

GRCA Member	\$45
Non Member	\$55
Add'l dogs \$50 (same owner)	

As this is a one day clinic we cannot accept walk-in.
Registrations Close October 8, 2012 - no exceptions

Please make cheques payable to: The Golden Retriever Club of Alberta

NOTE: Post-dated cheques are not acceptable and we do not take Visa or Mastercard.

SCHEDULE: Sunday – Oct 14 – 8AM – 5:00 PM

You will be contacted either by phone or Email with your schedule the week of the clinic.

Date Rcvd: _____ Date Entered: _____
Cheque: Bank: _____ #: _____ Deposit Date: _____

GOLDEN RETRIEVER CLUB OF ALBERTA
Heart and Eye Clinic
October 14, 2012

***** Please attach copy of CKC Registration to ensure accuracy *****

Please make cheques payable to: The Golden Retriever Club of Alberta

Payment MUST accompany your registration

Please send payment and registrations to:

Brenda Kenchington
8985 - 96 Avenue
Fort Saskatchewan, AB T8L 1E3
Email: pkenchi1@telusplanet.net

Please make as many copies as you need.

PLEASE PRINT CLEARLY

Owner's Information

Last Name: _____ First Name: _____

Address: _____ City: _____

Prov: _____ Postal Code _____ Phone # _____

Email: _____

Appt Time of Day: Morning _____ or Afternoon _____

DOG

Please check clinics requested: Heart _____ Eye _____

Call Name: _____

Reg. Name: _____

CKC Reg. Number: _____ Tattoo/Microchip# _____

DOB: _____ (eg: 25-Jul-2011)

Sex: Male or Female (please circle)

Breed: _____

Coat Color/Type _____

Has this dog attend a previous GRCA Clinic? If yes, what year: _____

Date Rcvd: _____ Date Entered: _____

Cheque: Bank: _____ #: _____ Deposit Date: _____