

Lakehead Kennel Club All-Breed Eye Clinic

With

Dr. Nick Whelan, BVSc, MVSc, MACVSc, Diplomate ACVCP, Diplomate ACVO

Date: Saturday & Sunday, June 1 - 2, 2019

Closing Date: Monday May 27th, 2019

Minimum Age: 6 weeks

NOTE:

ALL Medical Appointments will be scheduled on Saturday, June 1, and OFA screening (formerly CERF) will be Sunday, June 2

All appointments will be held at
CROSSROADS VETERINARY CLINIC

3142 Hwy11/17, Thunder Bay

Only a limited number of appointments can be made, and will be on a first-come, first-served, pre-paid basis.

Note:

OFA: OFA (formerly CERF) exam is to determine if the dog has any inherited ocular disorder that would make the dog unsuitable for breeding.

MEDICAL: Eye exam when a known problem exists or is suspected. In case of existing problems have your vet copy your Pets' medical records and bring them with you to the appointment.

There is a 2nd form for medical appointments only...please have your vet fax this form directly to Dr Whelan. The info on this form insures that Dr Whelan brings necessary equipment and meds with him.

Please indicate on the form that this is for the Thunder Bay Eye Clinic (See Referral Form)

Please make all cheques payable to "The Lakehead Kennel Club" and forward along with this application form to:
Lakehead Kennel Club, Box 29027, McIntyre Center, Thunder Bay, ON., P7B 6P9 or leave at our Drop Box
at Canine Coaching Center, 101 Fortune Street

All applicants will be contacted on Tuesday May 28th & Wednesday, 29th and will be given their appointment times. We will try to accommodate everyone with their preferred time; however, times will be allotted on a first-come, first-serve basis.

If you have not been contacted, please call Shelley on Thursday May 30th at 475-9000 for your appointment time. Direct any questions to Shelley at 475-9000.

Please remember to bring medical records to appointment if this is a MEDICAL appointment

Eye Clinic Form

Complete form and mail to:

Lakehead Kennel Club, Box 29027, McIntyre Center, Thunder Bay, ON., P7B 6P9

or

Drop Box at: Canine Coaching Club (formerly CDC), 101 Fortune Street

or

Fax to: 807- 473- 8321 or Email: keetukka@tbaytel.net

Name: _____ Address: _____

Home Tel: _____ Work Tel: _____ Cell: _____

Email: _____

Breed: _____ Number of dogs/cats: _____

Time Preferred: Medical: Sat _____ OFA Screening: Sun _____

of OFA _____ @ \$40.00 (LKC member rate) = _____ # of Medical _____ @ \$210.00 (LKC member rate) = _____

of OFA _____ @ \$50.00 (NON member rate) = _____ # of Medical _____ @ \$235.00 (NON member rate) = _____

Total enclosed: _____

For Payment by Visa/Mastercard Only

Visa MC Card #: _____ Exp date: _____

Card Holder Name: _____

Please Print

Signature: _____

Please add 10% administration fee for processing credit card