

Manitoba Animal Eye Clinic

Dr. Bruce H. Grahn, D.V.M.

Dr. Lynne Sandmeyer, D.V.M.

Dr. Bianca Bauer, D.V.M.

LOCATION

Red River Community College

2055 Notre Dame Ave., Winnipeg, MB, Room AB 69

Saturday & Sunday

January 30 & 31, 2016

Register early as there are limited appointments!

Services Offered

Clinical exams - Dogs/Cat/pocket pet - \$190

Recheck eye exam - \$150

OFA/CERF - \$35 first exam/\$30 each additional exam

Eye exam for Horses available at an additional fee.

Further information regarding clinic, or questions, contact Cathy or Cheryl at mbeyeclinic@hotmail.com

Registration Process

- 1) Complete owner information
- 2) Complete either eye exam or OFA/CERF information
- 3) Complete payment:

Mail registration must include a cheque or money order made payable to **Animal Eye Clinic Manitoba**.

- 4) Once payment is received you will be contacted by email with an appointment time.

Cheques /money orders can be mailed to Cathy Fedick, 4 Lakemere Place, Winnipeg, MB, R2J 2T6

We also accept e-transfers if you do on-line banking

Location

Red River College 2055 Notre Dame Ave. Room AB69, Winnipeg, MB

Directions: Enter via the main entrance, bus loop

Turn right into the parking lot and park here

Walk towards the child's play structure and enter the building

Turn right and proceed downstairs

Enter room AB69 - Animal Health Technology Center

(There will be signs posted, directing you where to go)

Registration Form

Please print off form and fill out in ink. Do not fill out online

Owner: _____

Address: _____

City: _____ **Province:** _____

Phone: _____ **Postal Code:** _____

E-mail: _____

Please select one:

() \$190 Exam (dog/cat/pocket pet)

() \$35 OFA/CERF (first dog)

() \$150 Recheck (dog/cat/pocket pet)

() \$30 OFA/CERF (each additional dog)

Preferred date? Sat or Sun (circle one) Time? am or pm (circle one) Month? January

Patient Information

Pets name: _____

Breed: _____

Date of birth: _____ **Sex:** _____ spayed/neutered

Veterinarian's name: _____

Veterinarian's Clinic: _____

Has your pet been seen before by Drs. Grahn, Sandmeyer or Bauer? yes or no

if yes, previous diagnosis? _____

If this is for an OFA/CERF exam please also fill out the following:

Registered name: _____

CKC Registration #: _____

Tattoo/microchip#: _____

Medical History

Owner name _____ Pet Name _____

What is the problem(s) _____

When did you or your Vet first notice your pets eye problem? _____

Have you noticed vision loss? _____ When did you first notice vision loss? _____

Current diagnosis? _____

Current medications (name, how often given, which eye)

Has any surgery been performed on the eye(s)? _____

Name/type of surgery and when? _____

Please list all non-ocular (non-eye related) medical conditions: _____

Current non-ocular medications: _____

Please bring all current medications and any previous exam sheets/discharge notes with you to the appointment.