

# 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. 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 previous page.**

Is this dog entered in the dog show?  Yes  No (mandatory - please check one)

Select all that apply:  All Breed  Specialty  Obedience  Rally Obedience

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

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

Registration Number (choose one):  AKC  CKC  Other Reg #: \_\_\_\_\_

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

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

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

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

Daytime Phone: \_\_\_\_\_ Cell Phone (first contact): \_\_\_\_\_

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

**Please indicate which day and time you prefer for your appointment, keeping in mind that we do try to schedule around your Breed Judging/grooming requirements, and that your first preference may not always be available. Use the adjacent comment area to indicate what your second/third preferences might be.**

<input type="checkbox"/> Friday, October 11, 2019	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	_____
<input type="checkbox"/> Saturday, October 12, 2019	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	_____
<input type="checkbox"/> Sunday, October 13, 2019	<input type="checkbox"/> morning		_____

**Appointments will be scheduled once the RDDKC judging schedule is out.** Your appointment date and time will be sent to the email address you provided above after October 5, 2019.

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: \$ \_\_\_\_\_