



C.E.R.F. EYE CLINIC Feb. 22/14 Registration Form – Regina Clinic

OWNER INFORMATION:

Name

Mailing Address

City Province Postal Code

Phone Number E-Mail

DOG INFORMATION:

Registered Name _

Breed/Variety__

Coat Type/Color __ Sex __

Tattoo Number _

Microchip Number __

Registration Number _

Date of Birth – Month_ Day Year

Registered Name _

Breed/Variety__

Coat Type/Color __ Sex __

Tattoo Number _

Microchip Number __

Registration Number _

Date of Birth – Month_ Day Year

Costs: \$35 per dog; 4 or more \$32/dog GST included

Please send registration form and payment to

P.A.S.E. RR#3 Box 12 Estlin, Sask. S4P 2Z3

Cheque, Money Order, or Cash

Paypal and e-mail money transfers can be made – **MUST** contact me **PRIOR** to sending

(Make cheques and money orders payable to PASE, sorry, no refunds!)

I can be contacted at (306) 551-9764 or aussies@sasktel.net