

# **OFA Eye CLINIC**

**With Dr. Bruce H.Grahn, D.V.M.,**  
Diplomate ABVP, ACVO  
Professor Ophthalmology  
Department of Small Animal Clinical Sciences  
Western College of Veterinary Medicine  
University of Saskatchewan

**\*\*NEW LOCATION\*\***

Held at: **GENERAL VETERINARY HOSPITAL**  
11403 143 St. NW. Edmonton, AB T5M 1V7

**Next Clinic Date:**  
**Saturday & Sunday**  
**August 16 & 17, 2014**

**Space is limited, mail in registration with payment**

For a copy of the registration form go to: [www.canuckdogs.com](http://www.canuckdogs.com)  
(click on prairies, then events then health clinics)

For further information regarding the clinic, contact Theresa at:  
Phone (780) 672-8570 / Fax (780) 672-0872  
E-mail [derm94@telusplanet.net](mailto:derm94@telusplanet.net)

**Registration will be accepted until the clinic is full.**

\*(Saturday will be filled first, then Sunday if needed)\* Checks payable to Dr Bruce Grahn  
Send Payment along with registration information to:

6512 46 Ave,  
Camrose, AB  
T4V 0E7

**Fees - Clinical Exams**

\$ 120.45 (includes GST) first consultation with Dr Grahn  
\$ 95.25 (includes GST) recheck with Dr Grahn

**Fees - CERF (Canine Eye Registry Foundation Exam)**

\$ 46.95 (includes GST) for first dog  
\$ 40.95 (includes GST) for each additional dog

## Eye Clinic Registration Form

**Owner** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number - Day** \_\_\_\_\_

**Evening** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Veterinary Clinic** \_\_\_\_\_

**Referring Veterinarian** \_\_\_\_\_

**Animal's Name** \_\_\_\_\_

**Dog**       **Cat**

**Breed & Color** \_\_\_\_\_

**Male**       **Female**       **Spayed/Neutered**

**Animal's Birthdate** \_\_\_\_\_

**Microchip or Tattoo#** \_\_\_\_\_

**Registration # and Name (CERF applicable only)** \_\_\_\_\_

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**Date requested: Aug 16&17**

**First Exam with Dr Grahn**

**Recheck Exam with Dr Grahn**  **NB\* Bring a copy of previous exam\***

**CERF Exam**  **\*\*please send a copy of registration paper with registration form for CERF\*\***

Mail completed forms with cheque or money order payable to:

**Dr Bruce Grahn**  
c/o 6512- 46 Avenue,  
Camrose, AB  
T4V 0E7