

## **Manitoba Animal Eye Clinic**

Dr. Bruce Grahn, D.V.M.

Dr. Lynne Sandmeyer, D.V.M.

Dr. Bianca Bauer, D.V.M.

### **Location**

Dutch Hill Veterinary Clinic, Unit 7-1600 Regent Ave W

### **Saturday and Sunday**

**May 7 & 8, 2016**

**June 18 & 19, 2016**

**August 6 & 7, 2016**

**September 10 & 11, 2016**

### **Services Offered**

Clinical exams-dogs/cats/pocket pets - \$190

Recheck eye exams-\$150

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

Eye exam for horses available at an additional fee

**PLEASE NOTE: DUTCH HILL VET CLINIC IS NOT AFFILIATED WITH THE ANIMAL EYE CLINIC. PLEASE CONTINUE TO CONTACT CATHY AND CHERYL AT [mbeyeclinic@hotmail.com](mailto:mbeyeclinic@hotmail.com) FOR ANY QUESTIONS OR APPOINTMENTS.**

## **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 have access to online banking

## **Location**

Dutch Hill Veterinary Clinic, Unit 7-1600 Regent Ave W, Winnipeg, MB

Directions: The clinic is located between Lagimodiere Blvd and Panet Road on the south side of Regent

It is in a strip mall in the same parking lot as the CO-OP gas station. The entrance is beside Strictly Amish, walk into the mall and turn right. There will be signs posted to help direct you to the right spot.

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## Registration Form

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

Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**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? \_\_\_\_\_

**Patient Information:**

Pets name: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M/I, F/I, M/N, F/S

Veterinarian's name: \_\_\_\_\_

Veterinarian's clinic: \_\_\_\_\_

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

If yes, previous diagnosis? \_\_\_\_\_

**If this is for an OFA/CERF exam please 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? \_\_\_\_\_

Current  
diagnosis? \_\_\_\_\_

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

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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: \_\_\_\_\_

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Please list all non-ocular medications: \_\_\_\_\_

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