

*Canine Eye Registry Foundation (CERF) Eye Clinic
Sponsored by the Western Gazehound Club
Sunday March 8, 2015*

Registration Form

Examinations performed by Dr. Marnie Ford, BSc, PhD, DVM, DACVO

Dog's Registered Name: _____

Breed: _____

Sex: Male: _____ *Female:* _____ *Tattoo:* _____

Microchip # (if applicable): _____

Dog's Registration #: _____

Registry: CKC or AKC (circle applicable)

Date of Birth: (eg. January 1, 2012 Please write out in full, DO NOT put 12/09/08)

DOB: _____ *Dog's Call Name:* _____

Owners Information:

Name: _____

Address: _____

City: _____ *Postal Code:* _____

Phone #: () _____

Email Address: _____

*All appointments must be prepaid. The exam cost is \$45.00 and a cheque must be included with this application. There will be NO REFUNDS for cancelled or missed appointments. The application and funds must be received no later than
Monday March 2, 2015.*

Please mail you form and cheque to:

*Western Gazehound Club
16378 - 50th Avenue
Surrey, B.C. V3Z 1E2*

If you have any questions please call (604) 576-0346 or email procyon1733@shaw.ca