

# Auscultation & Echocardiogram with Color Flow Doppler Breed Screen Clinic

**Open To Purebred Registered Dogs of All Breeds** 

## With Board-Certified Cardiologist, Dr. Luis Braz-Ruivo DVM, DVSc, ACVIM (Ca)

## Dates: November 7, & 8, 2015

Location: Show Office in NE Corner of Benching Area Westerner Park, 4847 19 Street, Red Deer, Alberta, T4R 2N7 Sponsored by the Red Deer & District Kennel Club All Breed Show

**PLEASE NOTE:** This clinic is being conducted for the screening of congenital or acquired heart disease in breeding stock. No medical advice will be given to treat any suspected medical condition, or to check the progression of a previously diagnosed condition.

**Registration Deadline:** October 16, 2015 or when all spaces have filled

Echo Cost: \$225.00 per dog prior to/on the registration deadline. Auscultation Cost: \$50.00 per dog prior to/on the registration deadline. Contact Cindy or Karen regarding appointment availability after deadline.

\*If you are not entered in the show, you will be required to pay the admission fee to get onto the show grounds\*



Cindy Thomas / Karen LeJeune 28A Cameron Crescent, Red Deer, AB. T4P 2E1 Cindy's Phone: 403-346-9848 Cindy's Fax: 403-346-9846 Cindy's Email: <u>cyntechboxers@gmail.com</u> Karen's Email: <u>karen.a.lejeune@gmail.com</u>

Also check out Health Clinics under Prairies on the Canuck Dogs website at http://www.canuckdogs.com

### **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 <u>MUST</u> 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 Agility			
Class or Classes Entered For Obedience/Rally Obedi	ence?			
Registered Name of Dog:				
Registration Number (circle one: AKC CKC Other):				
Date of Birth (D/M/Y): Sex:	Breed of Dog:			
Dwner(s):				
Address:				
City: Provinc	ee/State: Postal/Zip Code:			
Home Phone:	Other Phone (circle one: work or cell):			
Email Address:				
Ising 1 & 2):Image: Market of the second	dging schedule is out. Your appointment date and time will be sent to			
Office Use Only: Appointment Date:,				
Appointment Date:	Appointment Time: am/pm (circle one) Total Amount of Gift Certificate(s) Redeemed: \$			

### **Auscultation Registration Form**

#### **Appointments:**

Auscultation appointments will be scheduled every 6 minutes. Please ensure that you and your dog arrive a few minutes prior to your appointment time. If you are late for your appointment or do not show up for your appointment there is no guarantee we will be able to fit your dog in for a different date and/or time. Please note that there is a limited number of echocardiogram appointments at this show and there may or may not be walk in spots available should the cardiologist make a recommendation that your dog follow up with an echocardiogram exam.

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Is this dog entered in the dog show?	YesNo (mandatory	y - please check one)		
Select all that apply: All Breed	SpecialtyObec	lience Rally Obedience	_ Agility	
Class or Classes Entered For Obedie	ence/Rally Obedience?			
Registered Name of Dog:				
Registration Number (circle one: AKC	CKC Other):			
Date of Birth (D/M/Y):	Sex:	Breed of Dog:		
Owner(s):				
Address:				
City:	Province/State:	Postal/Zip	Postal/Zip Code:	
Home Phone:	Other Phone (circle one: work or cell):			
Email Address:				
Auscultation appointments will be d will be available for an appointment			a day & time range your dog	
Saturday, November 7, 2015 Sunday, November 8, 2015	between 8:00am & 9:00am			
Appointments will be scheduled onc the email address you provided above		iedule is out. Your appointment d	ate and time will be sent to	
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	s) Redeemed: \$	