EYE CLINIC

SUNDAY October 25th, 2015
WITH DR. Marnie Ford, DVM, Dip. ACVO
(OFA forms will be used)

WILL BE HELD AT THE
COBBLE HILL ANIMAL HOSPITAL
1486 FISHER ROAD, COBBLE HILL, B.C.

$**48.00** PER DOG
REGISTRATION & PAYMENT REQUIRED BY October 11th, 2015
(No refunds or substitutions after this date)

Please complete the following form for each dog and mail with payment to:
Diane Henn, 1121 Fisher Rd., Cobble Hill, B.C. V0R 1L4
(email: kitsana@shaw.ca)

PLEASE MAKE CHEQUES PAYABLE TO DIANE HENN

REGISTRATION FORM **EYE CLINIC** **Oct. 25th, 2014**
PLEASE PRINT CLEARLY AND FILL IN ALL SPACES

Owner's name_____ Phone #_____

Address_____

Postal Code_____email:_____

Dog's reg. name_____Call name_____

Breed_____Colour_____

Registration #_____Tattoo or M/C#_____

Birthdate_____ M/D/Y Sex M____ F_____

For more information
Diane Henn 250-743-4904 or Valerie Gervais 250-743-2191
For appointment times, please contact Diane