



**ALL BREED EYE AND HEART CLINIC
SATURDAY MAY 2ND, 2020**

PLEASE NOTE NEW LOCATION:

Animal Emergency Clinic of the Fraser Valley
6325 204 St #302, Langley BC

SAS Heart Screening performed by Dr. Kim Hawkes, DVM, DACVIM (A limited number of Echo's will be performed along with normal auscultation as provided in the past). Priority will be given to GRCBC Members. Deadline for Echo Reservations will be <u>MARCH 1st, 2020.</u>	ECHO GRCBC Members	\$250.00
	ECHO Non-Members	\$270.00
	AUSCULTATION ONLY GRCBC MEMBERS	\$55.00
OFA Eye Exam performed by Dr. Christina King DVM or Dr. Charlotte Keller DVM	AUSCULTATION ONLY NON-MEMBERS	\$70.00
	GRCBC Members	\$40.00
	Non-Members	\$45.00

APPOINTMENTS with payment by E Transfer can be emailed to redgold@shaw.ca – ET Password: **grcbc2020**
or Regular Mail: Christine Kobler, 195 Hetman Rd, Castlegar BC V1N 0A2
Pre-registration with payment IS required.
PLEASE register early. Space is limited
Cheques **MUST** be made payable to the GRCBC.

**WE NEED A MINIMUM OF FIFTY HEART APPTS FOR THE CLINIC TO RUN,
SO PLEASE BOOK ASAP.**

THOSE PEOPLE WHO WANT BOTH EYE AND HEART APPOINTMENTS WILL BE BOOKED
IN THE MORNING UNTIL THE MORNING FILLS
THOSE PEOPLE WHO JUST WANT EYE APPOINTMENTS WILL BE BOOKED IN THE
REMAINING TIME SLOTS SO ONLY AFTERNOON APPOINTMENTS MAY BE AVAILABLE. I
WILL NOT KNOW UNTIL I GET ALL THE HEART APPOINTMENTS SCHEDULED. I WILL
DO MY BEST TO ACCOMMODATE EVERYONE.

**PLEASE HAVE YOUR FORMS IN BY APRIL 22, 2020 – ECHO APPTS MUST BE BOOKED BY
MARCH 1ST, 2020.**

For information: Call or email Christine at 604-703-4003 – redgold@shaw.ca

REFUNDS WILL BE GIVEN FOR CANCELLATIONS UP TO APRIL 15TH, 2020

AFTER APRIL 15TH, 2020, NO REFUNDS – NO REFUNDS FOR NO SHOWS

NSF cheques will be required to cover any bank fees, which must be paid prior to the clinic.

GRCBC Eye and Heart Clinic

Does this dog need	EYES	HEART	BOTH
Please circle one			
Dog's Reg Name:			
Dog's Call Name:		Dog's Weight: (for cardiac appt only)	
Breed:		Sex:	
Cardiac Test Only – Sire Reg #			
Cardiac Test Only – Dam Reg #			
Tattoo or Microchip:			
Dog's Registration No:			
DOB:	Month:	Day:	Year:
Owner's Name:			
Address:			
City:		Postal Code:	
Email:		Tel:	