## LABRADOR RETRIEVER CLUB OF MANITOBA EYE (CERF) CLINIC September 27 & 28, 2014

Dr. Lynne Sandmeyer, DVM, DVSC Dip. AVCO,

## Western College of Veterinary Medicine, University of Saskatchewan

Location of clinic: Pet Vet, Unit A, 25 PTH 52, Steinbach, Manitoba

Owner's Name		Co-owner				
Address: Street and Code	eet and Number		City	Province or State		- Postal
Dog's Registered Nam	ne					-
Breed			ID number color	Tattoo	Microchip	)
Registration Number	AKC	CKC	Other	-	Sex	
Date of Birth	(month-da	y-year)				
Phone #	E-Mail Address					
Preferr Please indicate if you	ed Time Slot I have also re		M the HEART CLIN	Saturday Iorning IIC and wan No	Afterno	

Appointments will be scheduled on a first come, first served basis
In order to hold your appointment time, advance payment of \$40 for the first dog plus \$30 for each additional dog (same registered owner) required. 10% discount will be given to bookings of 6 dogs or more to the same registered owner.

GLAUCOMA testing – additional \$20 surcharge will be applied

Please make cheque or money order payable to LRCM Mail application and payment to: Carolynne Pitura, Box 63,

Group 327, RR#3 Selkirk MB R1A 2A8

You will be contacted prior to the clinic with your appointment time.

\*\*\* Deadline: September 20, 2014 \*\*\*

For Further Info - Contact Carolynne @ 757-9397 or at c.l.p@qkstream.com