

# **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 5 & 6, 2016**

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 14, 2016 or when all spaces have filled

Echo Cost: \$225.00 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 parking fee to get onto the show grounds\*

\*NEW! Payment & registration through DogShow.ca!\*

Other registration/payment options:

> Make cheques/money orders payable to: Luis Braz-Ruivo



Cindy Thomas / Karen LeJeune
229 - 5029 34 Street, Red Deer, AB. T4N 0P4
drluisbrazruivoab@gmail.com

Cindy's Phone: 403-346-9848 / Karen's Phone: 403-318-3358 Cindy's Fax: 403-346-9846 / Karen's Fax: 1-888-755-3362

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 MUST 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                     | y - please check one)                            |                             |
|--|---|--|-----------------------------|
| Select all that apply:All Breed  | Specialty Obed                          | lience Rally Obedience                           |                             |
| Class or Classes Entered?  |   |  |                             |
| 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                                       | Code:                       |
| Home Phone:  | Other Phone (circle one: work or cell): |  |                             |
| Email Address:   |   |  |                             |
| Please indicate which day(s) and time(susing 1 & 2):                           | s) your dog will be avai                | lable for an appointment (give us                | your top two choices by     |
| Saturday, November 5, 2016 Sunday, November 6, 2016                            | morning                                 | afternoon afternoon                              |                             |
| Appointments will be scheduled once t the email address you provided above aft |   | <b>edule is out.</b> Your appointment da         | te and time will be sent to |
| Office Use Only:   |   |  |                             |
| Appointment Date:  |   | Appointment Time:                                | am/pm (circle one)          |
| Gift Certificate(s) Redeemed: N/Y (cir   | cle one)                                | Total Amount of Gift Certificate(s) Redeemed: \$ |                             |