



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: July 29, 30, & 31, 2022

Location: North American Ring Viewing Building
Spruce Meadows, 18011 Spruce Meadows Way SW, Calgary, Alberta
Sponsored by the Alberta Kennel Club All Breed Show

**** Please be informed that the heart clinic will have some specific Covid-19 protocols in place and we will send these details when we email your dog's appointment date & time as a reminder prior to coming. ****

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:

July 27, 2022 or when all spaces have filled

Echo Cost: \$275.00 per dog prior to/on the registration deadline.
Contact Cindy or Karen regarding appointment availability after deadline.

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

Other registration/payment options:

- * Send registration/payment by email/e-transfer:
drluisbrazruivoab@gmail.com
- * Use "heartclinic" as the answer to security question
- * Mail registration/payment by cheque/money order to address below.

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



Cindy Thomas / Karen LeJeune
219 - 5344 76 Street, Red Deer, AB. T4P 2A6
drluisbrazruivoab@gmail.com
Cindy's Phone: 403-346-9848 / Karen's Phone: 403-318-3358

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 \$50.00 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

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(s) your dog will be available for an appointment (give us your top two choices by using 1 & 2):

<input type="checkbox"/> Friday, July 29, 2022	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
<input type="checkbox"/> Saturday, July 30, 2022	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
<input type="checkbox"/> Sunday, July 31, 2022	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon

Appointments will be scheduled once the AKC judging schedule is out. Please note that where there are two shows in a day for your breed, we will schedule your appointment around the Breed Specialty ring time only. We cannot guarantee that we will be able to avoid the AKC ring time for your breed on that same day. Your appointment date and time will be sent to the email address you provided above after July 22, 2022.

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) Redeemed: \$ _____