



# C.E.R.F. EYE CLINIC Jan. 19/13

## Registration Form – Regina Clinic

### OWNER INFORMATION:

Name

Mailing Address

City

Province

Postal Code

Phone Number

E-Mail

### DOG INFORMATION:

Registered Name \_

Breed/Variety\_\_

Coat Type/Color \_\_

Sex \_\_

Tattoo Number \_

Microchip Number \_\_

Registration Number \_

Birthdate \_

(Day/Month/Year)

Registered Name \_

Breed/Variety\_\_

Coat Type/Color \_\_

Sex \_\_

Tattoo Number \_

Microchip Number \_\_

Registration Number \_

Birthdate \_

(Day/Month/Year)

Costs: \$35 per dog; 4 or more \$32/dog GST included

**Please send registration form and payment to**

P.A.S.E. RR#3 Box 12 Estlin, Sask. S4P 2Z3

**Cheque, Money Order, or Cash**

(Make cheques and money orders payable to PASE, sorry, no refunds!)

*If need be, I can be contacted at (306) 551-9764*