

Echocardiogram Clinic Registration Form - Please Read Carefully

Registration:

Deadline to receive registration form and payment in full is July 6, 2012, or when all spaces are filled. The cost of the exam will be \$250.00 prior to or on the registration deadline or \$300.00 after the registration deadline, if any spaces available, for each dog. **NEW! A copy of each dog's Registration Certificate from a recognized Registry MUST accompany this registration form & payment.** Please use a separate form for each dog registered. There will be a charge of \$30.00 for all NSF cheques. Spaces will be filled based on the earliest postmark on each registration received. All registrations received after the deadline or after all spaces are filled will be returned. **Any overpayment will be considered a donation to the Alberta Canine Cardiac Clinic Ltd. There are no cancellations or refunds unless the clinic is cancelled.**

Appointments:

Please indicate your top three choices of dates and time of day for the exam to take place. **We will do our best to schedule your appointment as one of your top two choices and every effort will be made to schedule your appointment around Breed Judging for your Breed but we cannot guarantee it.** It is recommended to have an assistant available to take your dog to the scheduled appointment if you are unable to do go 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.**

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.

Please fill out the form below completely for each dog then mail with a copy of each dog's Registration Certificate and full payment. Make cheques/money orders payable to **Alberta Canine Cardiac Clinic Ltd.** and send to:

Cindy Thomas, 28A Cameron Cres., Red Deer, AB., T4P 2E1 or Karen LeJeune, #339, 300 Ramage Cl., Red Deer, AB., T4P 4A6

Is this dog entered in the show? Yes or No (circle one)

Registered Name of Dog: _____

Registration Number (circle one: AKC CKC Other): _____

Date of Birth (M/D/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 your first, second and third choice by writing a 1, 2, or 3 beside each day, beside morning or afternoon and beside the preferred time of day (early or late) for each selection.

___ Friday, August 3/12	___ morning	___ afternoon	___ early	___ late
___ Saturday, August 4/12	___ morning	___ afternoon	___ early	___ late
___ Sunday, August 5/12	___ morning	___ afternoon	___ early	___ late

Appointments will be scheduled once the AKC judging schedule is out and it is determined the clinic will happen. Your appointment date and time will be sent to the email address you provided above after July 23, 2012.

Office Use Only:

Appointment Date: _____, _____. Appointment Time: _____ am/pm (circle one)

Voucher(s) Redeemed: N / Y (circle one) Total Amount of Voucher(s) Redeemed: \$ _____