



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: August 2, 3, & 4*, 2019

* morning appointments only

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 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 30, 2019 or when all spaces have filled

Echo Cost: \$235.00 per dog prior to/on the registration deadline.

Contact Cindy or Karen regarding appointment availability after deadline.

* The price of the echocardiogram appointment does not include gate admission to the dog show. If you are not entered in the show, you will be required to pay the gate admission fee to get into the venue for your appointment. *

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

Other registration/payment options:

*Send registration/payment by email/e-transfer:

drluisbrazruivoab@gmail.com

*Mail registration/payment by cheque/money order to address below.

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

ENTER ONLINE @ DOGSHOW.CA

ENTER ONLINE AND WIN A TRIP* FOR TWO TO THE 2020 WORLD DOG SHOW IN MADRID, SPAIN

Prize valued at \$4,500!

VISA MasterCard American Express Interac Apple Pay

A service charge of 10% will be assessed. This includes entries sent online, by fax or post using a credit card or Interac for payment.

* No purchase required. Full contest details available at www.dogshow.ca/en/contest

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 \$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 - please check one)

Select all that apply: All Breed Specialty Obedience Rally Obedience Agility

Class or Classes Entered? _____

Registered Name of Dog: _____

Registration Number 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, August 2, 2019	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
<input type="checkbox"/> Saturday, August 3, 2019	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
<input type="checkbox"/> Sunday, August 4, 2019	<input type="checkbox"/> morning	

Comments

Appointments will be scheduled once the RDDKC judging schedule is out. Your appointment date and time will be sent to the email address you provided above after July 27, 2019.

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: \$ _____