



**GOLDEN RETRIEVER CLUB  
OF ALBERTA**

**EYE AND HEART CLINIC**

**Sat, Sept 19, 2015**

**Sun, Sept 20, 2015**

**Closing Date Sept 6, 2015**

**Location:** Greenbank Veterinary Services  
6710-101 Ave  
Edmonton, Alberta

**OFA Eye Exams**

**Dr. Bianca Bauer D.V.M., Dipl ACVO**

**Cost:** GRCA Member \$33  
Non Member \$40

**AUSCULTATION Heart exams:**

**Dr Kim Hawkes D.V.M, Dipl ACVIM  
(Cardiology)**

**Cost:** GRCA Member \$45  
Non Member \$50

**ECHOCARDIOGRAM (Doppler):**

**Cost:** GRCA Member \$215  
Non Member \$225

**Dog Show<sup>TM</sup>.ca**

**ENTER OUR  
10th ANNIVERSARY CONTEST!**

**ENTER ONLINE AT [WWW.DOGSHOW.CA](http://WWW.DOGSHOW.CA)  
AND WIN A TRIP\* FOR TWO TO  
THE 2016 CRUFTS IN BIRMINGHAM, ENGLAND**



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



\* No purchase required. Full contest details available at [www.DogShow.ca/Contest](http://www.DogShow.ca/Contest)

**Mail (Canada Post or Dropped off): MO or Cheque ONLY**  
***Please make cheques payable to:***  
***The Golden Retriever Club of Alberta***

**As this is a very busy clinic we cannot accept walk-ins.**  
**Registrations Close September 6, 2015 (or when full)**  
**Forms received after closing please add \$10 per dog per exam as a late fee.**  
**Full payment must be made prior to the clinic date.**

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**Heart and Eye Clinic**

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**Forms received after close please add \$10 per dog per exam as a late fee.**

**\*\*\*\*\* Please attach copy of CKC Registration to ensure accuracy \*\*\*\*\***

**Please make cheques payable to: The Golden Retriever Club of Alberta**

**Payment MUST accompany your registration**

**Please send payment and registrations to:**

Brenda Kenchington  
8985 - 96 Avenue  
Fort Saskatchewan, AB T8L 1E3  
Email: pkenchi1@telusplanet.net

**PLEASE PRINT CLEARLY**

**Owner's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Date/Time: Sat, Sept 19 PM Only \_\_\_ OR Sun, Sept 20 AM \_\_\_ OR PM \_\_\_

\* We will make every effort to accommodate preferred time slots, but cannot guarantee. Appointments will be made on a first come first serve basis.

**DOG**

Please check clinics requested: Heart \_\_\_ Eye \_\_\_ Doppler \_\_\_

Call Name: \_\_\_\_\_ Reg. Name: \_\_\_\_\_

CKC Reg. Number: \_\_\_\_\_ Tattoo/Microchip# \_\_\_\_\_

DOB: \_\_\_\_\_ ( eg: 25-Jul-2011)

Sex: Male or Female (please circle)

Breed: \_\_\_\_\_ Coat Color/Type \_\_\_\_\_

**Schedule will be posted on DogShow.ca.**