



**DOGS WITH WINGS**  
ASSISTANCE DOG SOCIETY

# **EYE CLINIC Fundraiser**

**With Dr. Bruce H.Grahn, D.V.M.,**

Diplomate ABVP, ACVO  
Professor Ophthalmology, Department of Small Animal Clinical Sciences  
Western College of Veterinary Medicine, University of Saskatchewan

Held at **Crestwood Veterinary Centre**  
**9640 149 St**  
**Edmonton, AB T5P 1J9**

**Sunday July 19, 2015**

**Space is limited, find a registration form at: [www.canuckdogs.com](http://www.canuckdogs.com)**  
(click on prairies, then events then health clinics)

For further information regarding the clinic, contact Theresa at:  
Phone (780) 672-8570 / Fax (780) 672-0872  
E-mail [derm94@telusplanet.net](mailto:derm94@telusplanet.net)

**Send Payment along with registration information to:**  
**Dogs with Wings**  
**c/O 6512 46 Ave,**  
**Camrose, AB**  
**T4V 0E7**

**Fees - CAER (Companion Animal Eye Registry) - OFA**

\$ 47.25 (includes GST) for first dog  
\$ 42.00 (includes GST) for each additional dog

## Eye Clinic Registration Form

**Owner** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number - Day** \_\_\_\_\_  
**Evening** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Veterinary Clinic** \_\_\_\_\_  
**Veterinarian** \_\_\_\_\_

**Animal's call Name** \_\_\_\_\_

**Dog**       **Cat**

**Breed** \_\_\_\_\_

**Color** \_\_\_\_\_

**Male**       **Female**       **Spayed/Neutered**

**Animal's Birthdate** \_\_\_\_\_

**Microchip or Tattoo#** \_\_\_\_\_

**Registration #** \_\_\_\_\_

**Registered Name** \_\_\_\_\_

**Date requested: July 19**

**CAER Exam**  **Please send a copy of registration paper with registration form for CAER \*\***

Mail completed forms with cheque or money order payable to:

**Dogs with Wings**  
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