



## Calgary Associated Dog Fanciers' CERF EYE CLINIC

April 30 & May 1, 2011

CERF EYE CLINIC – examiner – Dr. Bruce Grahn, DVM, Dipl. ABVP, ACVO

University of Saskatchewan, Saskatoon

At the Richmond Knob Hill Community Centre (star on attached map)

2433 – 26<sup>th</sup> Avenue, S. W., Calgary, Alberta

Organizer – Linda Verges – 403-247-6942 [lverges@shaw.ca](mailto:lverges@shaw.ca)

**DEADLINE** for applications – April 2, 2011.

Later registrants will be subject to a \$5.00 late charge per dog. Post-dated cheques must be dated prior to April 2, 2011. Cancellation fee of \$10.00 per dog, charged after closing

Fill out and mail the accompanying forms with your cheque payable to **CADF** to:

CADF Clinic c/o Linda Verges

5952 Silver Ridge Dr., N. W.

Calgary, Alberta T3B 3S4

**COST: CADF Breeders Registry Members** - CERF Exam \$28.00 per dog

CERF and Glaucoma - \$55.00 per dog

Non – members CERF Exam \$37.00 per dog

CERF and Glaucoma - \$64.00 per dog

You will be called or e-mailed the week before the clinic with your appointment times.

**Be on-time for your appointment**

*Calgary Associated Dog Fanciers (CADF) collects and uses your personal information only for the purpose of providing you with the services you have requested from us.*

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**CADF Clinic Application** – Photocopy as many forms as you need. Please print clearly or type.

**Please include ALL requested information.**

**Preferred day – (1<sup>st</sup>, 2<sup>nd</sup> choice) Saturday \_\_\_\_\_ Sunday \_\_\_\_\_**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone – home \_\_\_\_\_ Telephone – work \_\_\_\_\_

**Dogs' Registered Name** \_\_\_\_\_

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour \_\_\_\_\_ Tattoo/Chip: \_\_\_\_\_

Registration # \_\_\_\_\_ Sex M F Birth date d/m/y \_\_\_\_\_

**Dogs' Registered Name** \_\_\_\_\_

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour \_\_\_\_\_ Tattoo: \_\_\_\_\_

Registration # \_\_\_\_\_ Sex M F Birth date d/m/y \_\_\_\_\_

**Dogs' Registered Name** \_\_\_\_\_

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour \_\_\_\_\_ Tattoo: \_\_\_\_\_

Registration # \_\_\_\_\_ Sex M F Birth date d/m/y \_\_\_\_\_

Test	Cost	Amount Enclosed
CERF Exam	\$28.00 per dog/breeders registry member \$37.00 per dog/non member	
CERF and Glaucoma	\$55.00 per dog/breeders registry member \$64.00 per dog/non member	



April 30, 2011

Calgary Associated Dog Fanciers'

# Cardiologist Heart Clinic

**Dr Gary L. Wood DVM, Portland, Oregon**

At the Richmond Knob Hill Community Centre

2433 – 26<sup>th</sup> Avenue, S. W., Calgary, Alberta

Linda Verges – 403-247-6942 [lverges@shaw.ca](mailto:lverges@shaw.ca)

Fill out and mail the accompanying forms with your cheque payable to **CADF** to:

Linda Verges

5952 Silver Ridge Dr., N. W., Calgary, Alberta T3B 3S4

**COST:** CADF Breeders Registry Members Heart Screening \$58.00 per dog

Non – members Heart Screening \$67.00 per dog

Post-dated cheques must be dated prior to April, 2, 2011

**DEADLINE** for applications – April 2, 2011. Later registrants will be subject to a \$5.00 late charge per dog. Cancellation fee of \$10.00 per dog, charged after closing

You will be called or e-mailed the week before the clinic with your appointment times.

***O.F.A. Cardiac applications are available on their site: [www.offa.org](http://www.offa.org). Please print and complete the application and bring it to the Heart Clinic for Dr. Wood's signature.***

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Heart Screening - Photocopy as many forms as you need. Please print clearly or type.

**Please include ALL requested information.**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone – home \_\_\_\_\_ Telephone – work \_\_\_\_\_

**Dogs' Registered Name:** \_\_\_\_\_

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Tattoo/Chip: \_\_\_\_\_

Registration # \_\_\_\_\_ Sex M MN F FS Birth date d/m/y \_\_\_\_\_

**Dogs' Registered Name:** \_\_\_\_\_

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Tattoo/Chip: \_\_\_\_\_

Registration # \_\_\_\_\_ Sex M MN F FS Birth date d/m/y \_\_\_\_\_

**Dogs' Registered Name:** \_\_\_\_\_

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Tattoo/Chip: \_\_\_\_\_

Registration # \_\_\_\_\_ Sex M MN F FS Birth date d/m/y \_\_\_\_\_

Test	Cost	Amount Enclosed
Heart Screening	\$58.00 per dog/breeders registry member \$67.00 per dog/non member	