



**GOLDEN RETRIEVER CLUB
OF ALBERTA**

EYE AND HEART CLINIC

**September 8, 2013
Closing Date August 25, 2013**

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

OFA Eye Exams

Dr. Dylan Buss D.V.M., Dipl ACVO

Cost: GRCA Member \$37
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



www.DogShow.ca

ENTER ONLINE

**TOLL FREE FAX:
1-877-99-ENTRY (36879)**



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

Mail (Canada Post or Dropped off): Cheque ONLY

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

***As this is a one day clinic we cannot accept walk-ins.
Registrations Close August 25, 2013, 2013 (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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******* 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 make as many copies as you need.

PLEASE PRINT CLEARLY

Owner's Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Prov: _____

Postal Code _____

Phone # _____

Email: _____

Preferred* Appt Time of Day: Morning ____ or Afternoon ____

* 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 _____