

Manitoba Animal Eye Clinic

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

Diplomate AVBP, ACVO - Professor Ophthalmology

Western College of Veterinary Medicine

LOCATION

Red River Community College

2055 Notre Dame Ave., Winnipeg, MB

Saturday & Sunday

Oct 18th & 19th, 2014

and

Nov 29th and 30th, 2014

Register early as there are limited appointments!

Services Offered

Clinical exams - Dogs/Cat/pocket pet - \$190

Recheck eye exam - \$150

OFA/CERF - \$35 first exam

OFA/CERF - \$30 each additional exam

Eye exam for Horses available at an additional fee.

further information regarding clinic, or questions, contact Cathy or Cheryl at mbeyeclinic@hotmail.com

Registration Process

- 1) Complete owner information
- 2) Complete either eye exam or OFA/CERF information
- 3) Complete payment:

Mail registration must include a cheque or money order made payable to Animal Eye Clinic Manitoba.

- 4) Once payment is received you will be contacted the week prior to the clinic with an appointment time.

NOTE: Minimum \$20.00 service charge per cancellation.

Cheques/money orders can be mailed to Cathy Fedick, 4 Lakemere Place, Winnipeg, MB, R2J 2T6

Location

Red River College 2055 Notre Dame Ave. Room AB69, Winnipeg, MB

Directions: Enter via the main entrance, bus loop

Turn right into the parking lot and park here

walk towards the child's play structure and enter the building

turn right and proceed downstairs

enter room AB69 - Animal Health Technology Center

Registration Form

Please print off form and fill out in ink. Do not fill out online.

Owner: _____

Address: _____

City: _____ Province: _____

Phone: _____ Postal Code: _____

E-mail: _____

Please select one:

() \$190 Exam (dog/cat/pocket pet)

() \$35 OFA/CERF (first dog)

() \$150 Recheck (dog/cat/pocket pet)

() \$30 OFA/CERF (each additional dog)

() \$400 Exam (horse)

Preferred date? Sat or Sun (circle one) Time? am or pm (circle one) Month Oct or Nov (circle one)

Patient Information

Pets name: _____

Breed: _____

Date of birth: _____ Sex: _____

Veterinarian's name: _____

Veterinarian's Clinic: _____

Has Dr. Grahn seen your pet previously? yes or no (circle one)

if yes, previous diagnosis? _____

If this is for a OFA/CERF exam please also fill out the following:

Registered name: _____

CKC Registration #: _____

Tattoo/microchip#: _____

Coat color: _____