## **Echocardiogram Clinic Registration Form**

## **Registration:**

Deadline to receive registration form and payment in full is March 19, 2014 or when all spaces are filled. The cost of the exam will be \$200.00 prior to or on the early bird registration deadline or \$250.00 after the early bird registration deadline. There will be a charge of \$30.00 for all NSF cheques. **Any overpayment will be considered a donation**There are no cancellations or refunds unless the clinic is cancelled.

## **Appointments:**

Gift Certificate(s) Redeemed:

It is recommended to have an assistant available to take your dog to the scheduled appointment if you are unable to do so yourself due to any unexpected conflicts. Keep in mind that the assistant you choose will be privy to confidential information during your dog's exam. Any person with a large breed dog in the clinic MUST bring an assistant to the dog's appointment to assist in getting the dog on and off the cardiac table.

**PLEASE NOTE:** This clinic is being conducted for the screening of congenital or acquired heart disease in breeding stock. No medical advice will be given to treat any suspected medical condition or to check the progression of a previously diagnosed condition.

Please print clearly or type out the form below completely.'3 for each dog. Mail with full payment, or send by e-mail (if paying with an e-transfer, send registration and payment to: caninecardiacclinic@gmail.com). Make cheques/money orders payable to **Alberta Canine Cardiac Clinic Ltd.** and send to: Cindy Thomas, 28A Cameron Cres., Red Deer, AB, T4P 2E1, Fax: (403) 346-9846 or Karen LeJeune, #339, 300 Ramage Cl., Red Deer, AB., T4P 4A6, Fax: (888) 755-3362

Is this dog entered in the Fqi Uhow? """Yes """No ""O CPFCVQT[

N

Ej gemäll that apply: '''''''''''All Bı	egf ''''''Special	ty'''''Obedienkë''''	"""Rally Obe	edience
Registered Name of Dog:				
Registration Number (check one:	AKC CKC	Other):		
Date of Birth (D/M/Y):	Sex:	Breed of Dog: _		
Owner(s):				
Address:				
City:				
Main Phone:	Other Phone			
Email:				
Please indicate which day(s) your do	g will be available for a	n appointment: 'O CPF C	VQT[	
Friday, April 4, 2014	morning	afternoon		
Saturday, April 5, 2014	morning	afternoon		
Appointments will be scheduled onc	e the Fqi 'Uj qy judging	schedule is out and it is	determined the	e clinic will happen.
Your appointment date and time will l	oe sent to the email addre	ss you provided above- Al	FTER March 2	6, 2014.
Office Use Only:				
Appointment Date:	Appo	Appointment Time:		pm (check one)

Y (check one) Total Amount of Gift Certificate(s) Redeemed: \$