

EYE CLINIC

THIS CLINIC IS FOR OFA & CERF EXAMINATIONS ONLY

Saturday June 17, 2017 - 8:00am till 4:30pm

WITH DR. MARNIE FORD

Sponsored by the Campbell River Dog Fanciers Society

www.campbellriverdogfanciers.com

Eye Clinic will be held at the

Arbutus Meadows Event and Equestrian Centre

1515 Island Hwy E, Nanoose Bay, BC

In conjunction with the

NANAIMO KENNEL CLUB JUNE SHOW

\$45.00 PER DOG PRE-PAID

PRE-REGISTRATION REQUIRED BY MAY 27th, 2016

(There will be NO REFUNDS for cancellations after May 27th)

Please complete the following form, for each dog, and mail with payment to:

Sheila Morley, 1452 Doe Place, Campbell River, BC, V9W 6E5

or email: tsmorley@shaw.ca - 250-203-0030

or copy and paste link for online registration (payment info on form)

https://docs.google.com/forms/d/e/1FAIpQLScvqGG7pq9c8K00x3gEBY_1SSiTbApAMn_H13LzmjTTIVdbLQ/viewform

PLEASE MAKE CHEQUES OR MONEY ORDERS PAYABLE TO: CRDFS

EYE DROP TIMES WILL ONLY BE CONFIRMED AFTER PAYMENT HAS BEEN RECEIVED AND

AFTER MAY 27TH

Campbell River Dog Fanciers Society Eye Exam Registration Form
Exams by Dr. Marnie Ford
Contact: Sheila Morley - tsmorley@shaw.ca - 250-203-0030

REGISTRATION FORM

Please complete ALL fields in printing

Preferred Appointment Time: _____ **AM / PM** (*circle one*)

Dog #1

Owner: _____

Phone: _____

Address(including postal code): _____

Animal Registered Name: _____

Breed/Variety: _____

Coat color/type: _____

Permanent ID#: _____

Registration No.: _____

Male/Female: _____

Birth date: _____

E-mail: _____

Dog #2

Owner: _____

Phone: _____

Address(including postal code): _____

Animal Registered Name: _____

Breed/Variety: _____

Coat color/type: _____

Permanent ID#: _____

Registration No.: _____

Male/Female: _____

Birth date: _____

E-mail: _____

Campbell River Dog Fanciers Society Eye Exam Registration Form

Exams by Dr. Marnie Ford

Contact: Sheila Morley - tsmorley@shaw.ca - 250-203-0030



Dog #3

Owner: _____

Phone: _____

Address(including postal code): _____

Animal Registered Name: _____

Breed/Variety: _____

Coat color/type: _____

Permanent ID#: _____

Registration No.: _____

Male/Female: _____

Birth date: _____

E-mail: _____



Dog #4

Owner: _____

Phone: _____

Address(including postal code): _____

Animal Registered Name: _____

Breed/Variety: _____

Coat color/type: _____

Permanent ID#: _____

Registration No.: _____

Male/Female: _____

Birth date: _____

E-mail: _____