

### **Echocardiogram with Color Flow Doppler Breed Screen Clinic**

**Open To Purebred Registered Dogs of All Breeds** 

With Board-Certified Cardiologist,
Dr. Luis Braz-Ruivo DVM, DVSc, ACVIM (Ca)

## Dates: October 31, November 1 & 2, 2014

Location: Show Office in NE Corner of Benching Area Westerner Park, 4847 19 Street, Red Deer, Alberta, T4R 2N7 Sponsored by RDDKC All Breed Show

**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.

## Registration Deadline:

October 15, 2014 or when all spaces have filled

Cost: \$200.00 per dog prior to/on the registration deadline.

Contact Cindy or Karen regarding appointment availability after deadline.

\*If you are not entered in the show, you will be required to pay the admission fee to get onto the show grounds\*

For more information, payment options or to request a registration form please contact:

**Cindy Thomas / Karen LeJeune** 

28A Cameron Crescent, Red Deer, AB. T4P 2E1

Phone: 403-346-9848 Phone: 403-318-3358 Fax 403-346-9846 Fax: 1-888-755-3362

Also check out Health Clinics under Prairies on the Canuck Dogs website at http://www.canuckdogs.com

# **Echocardiogram Clinic Registration Form**

#### **Appointments:**

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 <u>MUST</u> bring an assistant to the dog's appointment to assist in getting the dog on and off the cardiac table.

### **Registration:**

There will be a charge of \$30.00 for all NSF cheques. **There are no cancellations or refunds unless the clinic is cancelled. Any overpayment will be considered a donation.** 

Please print clearly or type out th	e form below. Complete one	registration form per dog and s	send with payment.
Is this dog entered in the dog sho	w? Yes No (mandatory	/ - please check one)	
Select all that apply: All Breed	Specialty Obe	edience Rally Obedience	
Class or Classes Entered For Obed	lience/Rally Obedience?		
Registered Name of Dog:			
Registration Number (circle one: A	AKC CKC Other):		
Date of Birth (D/M/Y):	Sex:	Breed of Dog:	
Owner(s):			
Address:			
City:	Province/State:	Postal/Zip Cod	e:
Home Phone:	Other Phone (circle one: work or cell):		
Email Address:			
Please indicate which day(s) your	dog will be available for an	appointment:	
Friday, October 31, 2014 Saturday, November 1, 2014	morning aft	ernoon	
Sunday, November 2, 2014	morning aff	ernoon	
Appointments will be scheduled of Your appointment date and time of			
Office Use Only:			
Appointment Date:		Appointment Time:	am/pm (circle one)
Gift Certificate(s) Redeemed: N / Y (o	circle one) Te	otal Amount of Gift Certificate(	s) Redeemed: \$