

EYE CLINIC

THIS CLINIC IS FOR OFA & CERF EXAMINATIONS ONLY

Saturday June 16, 2018 - 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

for e-transfers please contact Sheila at tsmorley@shaw.ca

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: _____

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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: _____