Registration Form

Pre-Clinic Dates: October 1, 2023 to October 4, 2024
Clinic Date: October 5, 2024

Breed of Dog: _____ Gender: _____

Registered Name of Dog: _____

Call Name of Dog: _____ Microchip or Tattoo #: _____

Registration Number(s): CKC _____
AKC _____

Sire's Registration Number: _____ Dam's Registration Number: _____

Dog's Date of Birth: (MM/DD/YY) _____

Owner Name: _____ Co-owner Name: _____

Owner Address: _____

City: _____ Province: _____ Postal Code: _____

Email address: _____

Phone Number(s): _____

Exam(s) Required:

- ☐ Echocardiogram (with Auscultation)
- ☐ Auscultation only
- ☐ Hip Xray
- ☐ Elbow Xray
- ☐ Cardiac Consultation
- ☐ Patellar Luxation
- ☐ OFA Eye Exam
- ☐ Eye Consultation
- ☐ Gonioscopy
- ☐ Thyroid Panel
- ☐ Cardiac Recheck

Please return your completed form to the Registrar by email to northernk9healthclinic@gmail.com