



# All-Breed HEART and EYE CLINICS



**Saturday, August 17, 2019**

In conjunction with the West Kootenay Kennel Club  
All-Breed Dog Show at Kinnaird Park Community Church  
1250 - 26th Street, Castlegar BC V1N 4C9

**Please have your forms in by August 1<sup>st</sup>, 2019**

Please complete ONE FORM for EACH DOG and type or print clearly on the form.

Appointments will be scheduled Saturday morning, so please advise if the dog is entered in the show so we can Schedule around your show time. We will do our best to accommodate everyone.

Pre-Registration and pre-payment required to guarantee you an appointment. PLEASE register early as space is limited. Cheques must be made payable to the WKKC.

CASH ONLY at show if space is available.

## All-Breed HEART CLINIC

SAS Heart Screening performed by Dr. Marco Margiocco, DVM  
Diplomate, American College of Veterinary Internal Medicine,  
Specialty of Cardiology

By Aug. 1, 2019      \$65  
After Closing        \$75

APPOINTMENTS can be made by:

**E-MAIL**–Form and E-Transfer funds (ET Password: wkcc2019)  
to Christine Kobler at [redgold@shaw.ca](mailto:redgold@shaw.ca) (subject line – HEART CLINIC)

**REGULAR MAIL** – If not certified funds, cheques must clear prior to registration deadline.

Send to: HEART CLINIC, c/o Christine Kobler  
195 Hetman Road  
Castlegar, B.C. V1N 0A2

Any questions, please call Christine Kobler  
at (Ph) 604-703-4003

## All-Breed EYE CLINIC

OFA Eye Clinic performed by Dr. Christine King, DVM  
Ophthalmologist

By Aug. 1, 2019      \$50  
After Closing        \$55

APPOINTMENTS can be made by:

**E-MAIL**–Form and E-Transfer funds (ET Password: wkcc2019)  
to Christine Kobler at [redgold@shaw.ca](mailto:redgold@shaw.ca) (subject line – EYE CLINIC)

**REGULAR MAIL** – If not certified funds, cheques must clear prior to registration deadline.

Send to: EYE CLINIC, c/o Christine Kobler  
195 Hetman Road  
Castlegar, B.C. V1N 0A2

Any questions, please call Christine Kobler  
at (Ph) 604-703-4003



West Kootenay Kennel Club  
**HEART CLINIC and EYE CLINIC**  
Saturday, August 17, 2019



Please complete ONE FORM for EACH DOG

Type or print clearly on the form.

Does this dog need	EYES	HEART	BOTH
Please circle one			
Dog's Reg Name:			
Breed:			
Sex:			
Tattoo or Microchip #:			
Dog's Registration No:			
Cardiac Test Only – Sire Reg #			
Cardiac Test Only – Dam Reg #			
DOB:	Month:	Day:	Year:
Owner's Name:			
Address:			
City:		Postal Code:	
Email:		Tel:	
Dog's Call Name:			
This dog is entered in the show: Please circle one			
Yes		No	

**NO REFUNDS FOR CANCELLED APPOINTMENTS**

**Those Who Tender NSF Cheques Will Be Barred from Participating in Future WKKC Events**