

EYE CLINIC

SUNDAY SEPTEMBER 25th, 2011
WITH DR. GRAHAM T. LEWIS, DVM, DAVCO

WILL BE HELD AT THE
COBBLE HILL ANIMAL HOSPITAL
1486 FISHER ROAD, COBBLE HILL, B.C.

\$45.00 PER DOG
REGISTRATION & PAYMENT REQUIRED BY SEPT. 15th, 2011
(No refunds or substitutions after this date)
Please complete the following form for each dog and mail with payment to:

Diane Henn
1121 Fisher Road,
Cobble Hill, B.C. VOR 1L4
(email: kitsana@shaw.ca)

PLEASE MAKE CHEQUES PAYABLE TO DIANE HENN

REGISTRATION FORM

EYE CLINIC Sept. 25th, 2011

Please Print Clearly and Fill in All Spaces

Owner's name _____ Phone # _____

Address _____

_____ Postal Code _____ email: _____

Dog's reg. name _____ Call name _____

Breed _____ Colour _____

Registration # _____ Tattoo or M/C# _____

Birthdate _____ Sex M _____ F _____

THIS CLINIC IS FOR CERF EXAMINATIONS ONLY

For more information

Diane Henn 250-743-4904 or Valerie Gervais 250-743-2191

For appointment times, please contact Diane