

**EYE CLINIC REGISTRATION (please print)**

Owner's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone No: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Animal's Registered/Call Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Tattoo or Chip #: \_\_\_\_\_

Breed: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Day Month Year

Sex: \_\_\_\_\_ Colour: \_\_\_\_\_ Date of Prev. Exam: \_\_\_\_\_  
Day Month Year

**PLEASE CHECK TYPE OF APPOINTMENT AND PREFERENCE OF TIME**

TYPE 1 \_\_\_\_\_ TYPE 2 \_\_\_\_\_

Friday Morning 9:00 to 10:30 \_\_\_\_\_ 10:45 to 12:00 \_\_\_\_\_

Friday Afternoon 1:30 to 3:00 \_\_\_\_\_ 3:15 to 5:30 \_\_\_\_\_

Saturday Morning 8:30 to 10:00 \_\_\_\_\_ 10:15 to 11:45 \_\_\_\_\_

Saturday Afternoon 1:00 to 3:00 \_\_\_\_\_ 3:15 to 5:00 \_\_\_\_\_

**IMPORTANT NOTICE**

Please note that the appointment time you will be given is for 15 to 20 minutes before the time at which you will get in to see the Specialist. Drops used to dilate the pupil take about that long

The organizers of the clinic and the owners of the premises where the clinic is held may not be held responsible for any loss or damage to persons attending or to their property.

TOTAL FEE ENCLOSED \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Agent