

EYE CLINIC

THIS CLINIC IS FOR OFA & CERF EXAMINATIONS ONLY

Sunday April 27, 2014 - 9:00am 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

CENTENNIAL BUILDING, BEBAN PARK, NANAIMO

In conjunction with the
NANAIMO KENNEL CLUB MATCH

\$45.00 PER DOG PRE-PAID

PRE-REGISTRATION REQUIRED BY APRIL 10, 2014

(There will be NO REFUNDS for cancellations after April 10th)

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

PLEASE MAKE CHEQUES OR MONEY ORDERS PAYABLE TO: CRDFS

**EYE DROP TIMES WILL ONLY BE CONFIRMED AFTER PAYMENT HAS BEEN
RECEIVED AND AFTER APRIL 10TH**

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: _____
