

# EYE CLINIC

**SUNDAY MARCH 27th, 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 March 14th, 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

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## REGISTRATION FORM

**EYE CLINIC March 27th, 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