Spring 2012 Eye Clinic Registration Form JUNE 9th and 10th

THIS IS A 5 MINUTE APPOINTMENT ONLY

City: Postal Code:	Time am pm	SUN	SAT	Prefered day
City: City: CKC Registration # Date of Birth: (mm/dd/yyyy)	1,	cepted until FF	will be	Registratio
(s): City: E-Mail: Postal Code:	-Mail: nkc.eyeclinic@gmail.com	or	1141 (please leave	
(s): City: E-Mail: Postal Code:	A1S	Road,		Julie Barrett
(s): City: E-Mail: Postal Code: Postal Cod		FF AT PARADISE ANII	(DO NOT DROP O	Mail Completed forms to:
(e): City: E-Mail:	ED) KENNEL CLUB	Non-Refundable. OUNDLAND (ALL BRE	any this Form and is ole to: THE NEWFO	PAYMENT MUST Accompact Cheques to be made payate
The property of the property o				Payment:
Temple Seed: City: E-Mail: Postal Code:	Non-Members: \$65.00 for first exam \$60.00 for each additional exam	n ditional exam	NKC Members: \$50.00 for first exan \$45.00 for each add	Eye Exam (CERF)
T(s): City: E-Mail: Postal Code:				Fees:
Te-Mail: City: E-Mail: Postal Code:		-		Vet's Name:
City: E-Mail: Postal Code: Po		Coat Color:		Tattoo or Microchip #:
r(s): City: E-Mail: Postal Code:	of Birth: (mm/dd/yyyy)	Dat		M F
r(s): City: E-Mail: Postal Code:	Registration #	CKC		Registered Name:
PLEASE PRIN ((s): City: City: CKC Registration # Date of Birth: (mm/dd/yyyy) Preed: CKC Registration #	#3			Dog Information:
r(s): City: E-Mail: Postal Code:				Vet's Name:
r(s): E-Mail: Postal Code: Po		Coat Color:		Tattoo or Microchip #:
r(s): City: E-Mail: Postal Code:	of Birth: (mm/dd/yyyy)	Dat		M F
r(s): City: E-Mail: Postal Code:	Registration #	CKC		Registered Name:
PLEASE PRIN stered Owner(s): bhone: City: E-Mail: t, P.O. Box: City: Postal Code: CKC Registration # M	#2			Dog Information:
er Information: PLEASE PRIN stered Owner(s): E-Mail: phone: City: Postal Code: t, P.O. Box: City: Postal Code: mformation: CKC Registration # stered Name: Date of Birth: (mm/dd/yyyy) M				Vet's Name:
PLEASE PRIN stered Owner(s): E-Mail: phone: City: t, P.O. Box: City: postal Code: print nformation: CKC Registration # stered Name: Date of Birth: (mm/dd/yyyy)		Coat Color:		Tattoo or Microchip #:
(s): City: E-Mail: Postal Code: CKC Registration #	of Birth: (mm/dd/yyyy)	Dat		M
(s): E-Mail: Postal Code: Pos	Registration #	СКС		Registered Name:
E-Mail: City: Postal Code:	#1			Dog Information:
E-Mail:	Postal Code:		City:	Street, P.O. Box:
		E-Mail:		Telephone:
				Registered Owner(s):
	PLEASE PRINT			Owner Information:

Appointment Times will be communicated via E-Mail or phone

THIS IS ONLY TO HELP WITH SCHEDULING, MAY NOT BE THE CONFIRMED DAY

JUNE Eye (9th and Clinic Registration Form CONSULTATION 10th Only

Owner Information:		-	PLEASE PRINT
Registered Owner(s):			
Telephone:		E-Mail:	
Street, P.O. Box:	City:		Postal Code:
Dog Information:			
DOG's Name:			
Sex: M F Breed:		Date	Date of Birth: (mm/dd/yyyy)
Tattoo or Microchip #:(if applicable)	Coa	Coat Color:	
Vet's Information:: Must be filled out	-		
Vet Clinic:		Phone	Phone Number:
Vet's Name:			
Vet's Address:			
Vet's Email:			
Is this a recheck:	yes	no	
Fees:			
Clinical Consult Members and Non-Members: \$190.00 for each exam	on-Members: า exam	These exams are	ams are 45 minute appointments
Payment:			
PAYMENT MUST Accompany this Form and is Non-Refundable. Cheques to be made payable to: THE NEWFOUNDLAND (ALL BREED) KENNEL	and is Non-Refu	ndable. VD (ALL BRE	ED) KENNEL CLUB
Julie Barrett 121 Doyles Road, Goulds, A	Doyles Ro	Road, Go	Goulds, A1S 1A3
Contact for further information:	leave a messa		E-Mail: nko eveclinic@amail.com
Registrations will be	be accepted until	d until FF	FRIDAY JUNE 1, 2012
Prefered day SAT	NUS		Time am pm
THIS IS ONLY TO HELP WITH SCHEDULING,	WITH SCHED		WE WILL DO OUR BEST.

Appointment Times will be communicated via E-Mail or phone