

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

THIS IS A 5 MINUTE APPOINTMENT ONLY

**C E R F O n l y**

### Owner Information:

PLEASE PRINT

Registered Owner(s):		
Telephone:	E-Mail:	
Street, P.O. Box:	City:	Postal Code:

### Dog Information:

#1

Registered Name:	CKC Registration #	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Breed:	Date of Birth: (mm/dd/yyyy)
Tattoo or Microchip #:	Coat Color:	
Vet's Name:		

### Dog Information:

#2

Registered Name:	CKC Registration #	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Breed:	Date of Birth: (mm/dd/yyyy)
Tattoo or Microchip #:	Coat Color:	
Vet's Name:		

### Dog Information:

#3

Registered Name:	CKC Registration #	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Breed:	Date of Birth: (mm/dd/yyyy)
Tattoo or Microchip #:	Coat Color:	
Vet's Name:		

### Fees:

Eye Exam (CERF)	NKC Members:	Non-Members:
	\$50.00 for first exam	\$65.00 for first exam
	\$45.00 for each additional exam	\$60.00 for each additional exam

### Payment:

PAYMENT MUST Accompany this Form and is Non-Refundable.  
Cheques to be made payable to: THE NEWFOUNDLAND (ALL BREED) KENNEL CLUB

Mail Completed forms to: (DO NOT DROP OFF AT PARADISE ANIMAL HOSPITAL)

**Julie Barrett 121 DoYLES Road, Goulds, A1S 1A3**

Contact for further information:

Julie Barrett 709-747-4141 (please leave a message) or E-Mail: [nkc.eyeclinik@gmail.com](mailto:nkc.eyeclinik@gmail.com)

**Registrations will be accepted until FRIDAY JUNE 1, 2012**

Preferred day	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>	Time	am <input type="checkbox"/>	pm <input type="checkbox"/>
THIS IS ONLY TO HELP WITH SCHEDULING, MAY NOT BE THE CONFIRMED DAY					

Appointment Times will be communicated via E-Mail or phone

**JUNE 9th and 10th**  
**Spring 2012 Eye Clinic Registration Form**  
**CLINICAL EYE CONSULTATION Only**

**REFERRAL LETTER MUST BE BROUGHT TO YOUR APPOINTMENT**

**Owner Information:**

**PLEASE PRINT**

Registered Owner(s):		
Telephone:	E-Mail:	
Street, P.O. Box:	City:	Postal Code:

**Dog Information:**

DOG's Name:		
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Breed:	Date of Birth: (mm/dd/yyyy)
Tattoo or Microchip #:(if applicable)		Coat Color:

Vet's Information:: Must be filled out

Vet Clinic:	Phone Number:
Vet's Name:	
Vet's Address:	
Vet's Email:	
<b>Is this a recheck:</b>	<b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>

**Fees:**

Clinical Consult	Members and Non-Members: \$190.00 for each exam	<b>These exams are 45 minute appointments</b>
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**Payment:**

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**Registrations will be accepted until FRIDAY JUNE 1, 2012**

**Preferred day SAT**  **SUN**  **Time** am  pm

**THIS IS ONLY TO HELP WITH SCHEDULING, WE WILL DO OUR BEST.**

**Appointment Times will be communicated via E-Mail or phone**

**CONSULTATION OR RECHECK Only**