



## Sept 1/12 CKCSCC Cardiac Clinic Application

**\*\*Please print clearly or type, and include ALL requested information\*\***

Owners Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_  
Phone H- ( ) \_\_\_\_\_ Other- ( ) \_\_\_\_\_

Dog's Registered Name \_\_\_\_\_  
Call Name \_\_\_\_\_ Reg'n# \_\_\_\_\_  
Breed \_\_\_\_\_ DOB \_\_\_\_\_  
Sex \_\_\_\_\_ Altered \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_  
Colour \_\_\_\_\_ Tatoo/Microchip# \_\_\_\_\_

Dog's Registered Name \_\_\_\_\_  
Call Name \_\_\_\_\_ Reg'n# \_\_\_\_\_  
Breed \_\_\_\_\_ DOB \_\_\_\_\_  
Sex \_\_\_\_\_ Altered \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_  
Colour \_\_\_\_\_ Tatoo/Microchip# \_\_\_\_\_

Dog's Registered Name \_\_\_\_\_  
Call Name \_\_\_\_\_ Reg'n# \_\_\_\_\_  
Breed \_\_\_\_\_ DOB \_\_\_\_\_  
Sex \_\_\_\_\_ Altered \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_  
Colour \_\_\_\_\_ Tatoo/Microchip# \_\_\_\_\_

Cardiac Screening/Auscultation \$60.00 per dog X \_\_\_\_\_ Dogs

3+ dogs (Same owner) \_\_\_\_\_ \$55.00 per dog X \_\_\_\_\_ Dogs

Total \$ \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

**Registration Deadline Aug 17/12. Walk ins \$65.00 time permitting. Please make cheques payable to "CKCSCC" and mail to CKCSCC Cardiac Clinic Kandy Craigie, Po Box 433 Balgonie, Sk S0G 0E0 306.771.4503 [craglandkennels@sasktel.net](mailto:craglandkennels@sasktel.net)**