

# **EYE CLINIC**

**SUNDAY November 4th, 2018**

WITH DR. Marnie Ford, DVM, Dip. ACVO

(OFA forms will be used)

WILL BE HELD AT THE

**COBBLE HILL ANIMAL HOSPITAL**

1486 FISHER ROAD, COBBLE HILL, B.C.

**\$50.00 PER DOG**

REGISTRATION & PAYMENT REQUIRED BY October 21, 2018

( No refunds or substitutions after this date)

Please complete the following form for each dog and mail with payment to:

**Diane Henn, 1121 Fisher Rd., Cobble Hill, B.C. V0R 1L4**

(email: kitsana@shaw.ca )

PLEASE MAKE CHEQUES PAYABLE TO DIANE HENN

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## REGISTRATION FORM

**EYE CLINIC Nov. 4th, 2018**

**PLEASE PRINT CLEARLY AND FILL IN ALL SPACES**

Registered Name \_\_\_\_\_

Breed \_\_\_\_\_ Sex M F (circle one)

ID Number – Tattoo \_\_\_\_\_ or Microchip \_\_\_\_\_

Registration # \_\_\_\_\_ AKC \_\_\_\_\_ CKC \_\_\_\_\_ Other \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_

Owner name \_\_\_\_\_ Co-owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ email \_\_\_\_\_

For more information and appointment times

Diane Henn 250-743-4904