



ALL BREED EYE CLINIC
SATURDAY MAY 1ST, 2021
ALL BREED HEART CLINIC
SAT & SUN MAY 1ST & 2ND 2021
PLEASE NOTE NEW LOCATION:

<p>SAS Heart Screening performed by Dr. Kim Hawkes, DVM, DACVIM (A limited number of Echo's will be performed along with normal auscultation as provided in the past). Priority will be given to GRCBC Members. Deadline for Heart Appt Reservations will be <u>APRIL 15TH, 2021</u>. OUT OF TOWN PEOPLE CAN HAVE THEIR ECHO DONE ON THE SATURDAY (IF DOING EYES AS WELL) AS SPACE PERMITS. BOTH ECHO'S AND AUSCULTATION MAY BE DONE BOTH DAYS. Saturday will be filled and then we will use Sunday if it is needed.</p>	<table> <tr> <td>ECHO GRCBC Members</td> <td>\$250.00</td> </tr> <tr> <td>ECHO Non-Members</td> <td>\$270.00</td> </tr> <tr> <td colspan="2">AUSCULTATION ONLY</td> </tr> <tr> <td>GRCBC MEMBERS</td> <td>\$55.00</td> </tr> <tr> <td colspan="2">AUSCULTATION ONLY</td> </tr> <tr> <td>NON-MEMBERS</td> <td>\$70.00</td> </tr> </table>	ECHO GRCBC Members	\$250.00	ECHO Non-Members	\$270.00	AUSCULTATION ONLY		GRCBC MEMBERS	\$55.00	AUSCULTATION ONLY		NON-MEMBERS	\$70.00
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<p>OFA Eye Exam performed by Dr. Christina King DVM or Dr. Charlotte Keller DVM. EYE EXAMS WILL <u>ONLY</u> BE DONE ON THE SATURDAY.</p>	<table> <tr> <td>GRCBC Members</td> <td>\$40.00</td> </tr> <tr> <td>Non-Members</td> <td>\$45.00</td> </tr> </table>	GRCBC Members	\$40.00	Non-Members	\$45.00								
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APPOINTMENTS with payment by E-Transfer can be emailed to redgold@shaw.ca – **ET Password: grcbc2021 – THIS PW MUST BE USED.**
 or Regular Mail: Christine Kobler, 195 Hetman Rd, Castlegar BC V1N 0A2
 Pre-registration with payment IS required.
PLEASE register early. Space is limited
 Cheques MUST be made payable to the GRCBC.

SO PLEASE BOOK ASAP.

PLEASE HAVE YOUR FORMS IN BY APRIL 15, 2021

For information: Call or email Christine at 604-703-4003 – redgold@shaw.ca

REFUNDS WILL BE GIVEN FOR CANCELLATIONS UP TO APRIL 15TH, 2021

AFTER APRIL 15TH, 2021, NO REFUNDS – NO REFUNDS FOR NO SHOWS

ANY NSF cheque charges will be required to be repaid to cover any bank fees, prior to the clinic.



2021 COVID PROTOCOLS

At the time of preparing this flyer, the situation regarding Covid at the beginning of May is uncertain.

Our #1 priority is to keep **EVERYONE** safe.

The following are rules that will likely be in place. If we need to, or are able to change the rules somewhat, then we will.

AECFV is the location of our Heart and Eye Clinic. They employ almost 90 individuals, and are committed to the livelihoods of those employees and the families they support. The clinic has implemented many measures to continue to be able to serve the community while still protecting their staff and doing their part to “flatten the curve” of COVID-19.

The staff is being more diligent than ever with our disinfection protocols and appropriate use of PPE. They are adhering to recommendations and requirements of our governing bodies by strictly enforcing the quarantine and self-isolation recommendations and taking a strong stance on physical distancing. Here are some ways in which we require your cooperation:

BE HONEST WITH US.

We will ask everyone COVID-19 screening questions. If you are showing any cold- or flu-like symptoms, have traveled outside of Canada in the past 14 days, or suspect you may have had contact with someone with COVID-19, please be honest with us so we can exercise appropriate precautions.

When you arrive please stay in your vehicle. If a volunteer does not come to your vehicle to greet you within a few minutes of your arrival, please call Christine at 604-703-4003. A volunteer or a clinic employee will meet you outside to take your dog into the eye and/or heart exam.

NO INFORMATION regarding your dog will be given to Christine or her volunteers, or clinic staff. CAER eye exam forms will be filled out online by the Eye Specialist and will be emailed to you soon after the exam. If the Eye Specialist wants to discuss her findings with you, she will come outside and discuss it with you privately. Same for Heart/Echo Exams.

BRING A FACE MASK.

Although we try to limit contact, you may have some face-to-face interaction with doctors and support staff when we receive and return your pet, if you come inside to pay or use the washroom. Please bring a face mask in case one of these situations comes up.

BE UNDERSTANDING AND PATIENT

How to register for an **EYE EXAM**: fill in the below information and email this page to me along with payment so that I have all your correct information. If sending a cheque, please email me this form and say your cheque is coming.

THEN: You will then need to go to the OFA website and log in or create an account if you haven't done so already.

<https://www.ofa.org/application-forms>

Fill in an application form for your dog(s) (create a new application) and choose "health clinic". You can then go to the month of May and click on the Langley Clinic on May 1st, then create form. Please bring a copy of your form to the Clinic. An online application **MUST** be filled out prior to attending the clinic, either by yourself or by Christine.

GRCBC Eye Clinic

Dog's Call Name:	
Breed:	Sex:
Owner's Name:	
Address:	
City:	Postal Code:
Email:	Tel:

(If you prefer that I fill in the online application for you, please email me a copy of your dog's Registration Certificate along with your name, address, phone number etc.)

How to register for an **AUSCULTATION ONLY heart exam**:

Fill in the below information and email this page to me along with payment so that I have all your correct information. If sending a cheque, please email me this form and say your cheque is coming.

GRCBC HEART CLINIC – AUSCULTATION ONLY

Dog's Call Name:	
Breed:	Sex:
Owner's Name:	
Address:	
City:	Postal Code:
Email:	Tel:

THEN: Please go to the site <https://www.ofa.org/application-forms>

And download the BASIC CARDIAC FORM – complete the form with your dog's information and bring it to the clinic with you.

How to register for an **ECHO EXAM**: Fill in the below information and email this page to me along with payment so that I have all your correct information. If sending a cheque, please email me this form and say your cheque is coming.

Dog's Reg Name:	
Dog's Call Name:	Dog's Weight:
Breed:	Sex:
Sire Reg #	
Dam Reg #	
Tattoo or Microchip:	
Dog's Registration No:	
DOB Month, Day, Year please.	
Owner's Name:	
Address including Postal Code	
Phone:	Email: