

# Animal Eye Clinic Manitoba

[mbeyeclinic@gmail.com](mailto:mbeyeclinic@gmail.com)

Dr. Bruce Grahn, DVM

## LOCATION

Bridgwater Veterinary Hospital & Wellness Centre

100-350 North Town Rd, Winnipeg

**PLEASE NOTE: THE ANIMAL EYE CLINIC IS NOT AFFILIATED WITH BRIDGWATER VET. IF YOU HAVE ANY QUESTIONS REGARDING THE EYE CLINIC PLEASE EMAIL US AT [mbeyeclinic@gmail.com](mailto:mbeyeclinic@gmail.com). DO NOT CALL/FAX/EMAIL OR MAIL TO BRIDGWATER VET. THEY HAVE NO ACCESS TO OUR FILES OR APPOINTMENTS.**

## UPCOMING CLINIC DATES

SEPTEMBER 22-24<sup>TH</sup>, 2022

OCTOBER 20-22<sup>ND</sup>, 2022

NOVEMBER 17-19<sup>TH</sup>, 2022

DECEMBER 15-17<sup>TH</sup>, 2022

## SERVICES OFFERED

### **OUR FEES HAVE INCREASED AS OF FEBRUARY 2022**

CLINICAL/PRIMARY EXAMS (NEW CLIENT TO US).....\$250

RECHECK EXAMS (HAVE SEEN THE OPHTHALMOLOGIST BEFORE).....\$210

OFA/CERF.....\$45 FIRST DOG.....\$40 EACH ADDITIONAL DOG BROUGHT AT THE  
SAME TIME

HORSES AVAILABLE AT AN ADDITIONAL FEE

## REGISTRATION PROCESS

The quickest way to register is to email your completed registration form and pay by online e-transfer, to [mbeyeclinic@gmail.com](mailto:mbeyeclinic@gmail.com). You can also mail your forms with a cheque made payable to Animal Eye Clinic Manitoba. Mailing address is 4 Lakemere Pl, Wpg, MB R2J 2T6 attn: Cathy Fedick. Sorry we do not accept debit or credit card payments.

**If you are a referring clinic submitting the form for your client, please also notify your client to send us an email so we can co-ordinate an appointment with them**

**PLEASE NOTE: DUE TO A LARGE VOLUME OF LAST MINUTE CANCELLATIONS AND NO SHOWS, IT IS NOW OUR POLICY TO HAVE RECEIVED A REGISTRATION FORM AND PAYMENT BEFORE AN APPOINTMENT IS GIVEN.**

## REGISTRATION FORM

**(please fill in all the blanks)**

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please select one:**

( ) \$250 Clinical Exam

( ) \$45 OFA/CERF (first dog)

( ) \$210 Recheck Exam

( ) \$40 OFA/CERF (each add'l dog)

**Month and day requested:** \_\_\_\_\_

**Patient Information:**

Pets name: \_\_\_\_\_ Breed \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male, Neutered, Female, Spayed

Veterinarian's name: \_\_\_\_\_

Veterinarian clinic \_\_\_\_\_

**Has your pet been previously seen by Drs. Grahn, Sandmeyer, or Leis?**

Yes or No

**If this is for an OFA/CERF (breeding certification) exam please fill out the following:**

Registered name: \_\_\_\_\_

CKC Registration: \_\_\_\_\_

Tattoo/microchip #: \_\_\_\_\_

## MEDICAL HISTORY

Owner name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

What is/are the problem(s): \_\_\_\_\_

When was eye problem first noticed?: \_\_\_\_\_

Have you noticed vision loss? Yes or No      When? \_\_\_\_\_

Current Diagnosis? \_\_\_\_\_

Current Medications (name, how often given, which eye(s))

**PLEASE BRING ALL MEDICATIONS WITH YOU TO YOUR APPOINTMENT**

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Has any surgery been performed on the eye(s)?      Yes or No

If yes, what kind \_\_\_\_\_

Please list all non-ocular (non eye related) medical conditions and medications:

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