

M.K.C. EYE CLINIC REGISTRATION (please print)

send completed form to jbee@nbnet.nb.ca

Number of Dogs Registered on line at OFA site:

Call Names for each Dog Registered:

Breed:

Owner's Name:

E-Mail Address:

Phone:

PLEASE CHECK PREFERENCE OF TIME

Friday Morning 8:30 to 10:00 _____ 10:05 to 12:00 _____

Friday Afternoon 1:00 to 3:00 _____ 3:05 to 5:30 _____

Saturday Morning 8:30 to 10:00 _____ 10:05 to 11:45 _____

Saturday Afternoon 1:00 to 2:00 _____

TOTAL FEE \$ _____

Owner or Agent