

**The Golden Retriever Club of  
British Columbia**

Presents their Annual All Breed  
**HEART & EYE CLINIC**

**Saturday APRIL 14<sup>th</sup>, 2012**  
**Clinic to be held at**  
**2887 184 Street, Surrey B.C.**

SAS Heart Screening performed by: Dr. Marco Margiocco DVM. Diplomate, American College of Veterinary Internal Medicine, Specialty of Cardiology	GRCBC members \$ 45.00 Non members \$ 60.00
CERF Eye exam performed by Dr Graham Lewis DVM, Dip. AVCO.	GRCBC members \$40.00 Non members \$45.00

**All appointments by mail only**

**\*\*\*\*\* Pre-registration and pre-payment is required. PLEASE register early. Space is limited.  
Cheques must be made payable to the GRCBC\*\*\*\*\***

For information call: CHRISTINE KOBLER 604-856-4840. Please complete the following form. One for each dog and mail the form and cheque to: Christine Kobler, 5434 Chinook Street, Chilliwack BC V2R 0A6.

Those who tender NSF cheques will be barred from participating in future GRCBC clinics.

Registration Form      GRCBC Heart & Eye Clinic, APRIL 14<sup>th</sup>, 2012  
Owners name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Postal code \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Dog's Registered Name \_\_\_\_\_  
Dog's Call Name \_\_\_\_\_  
Sire's Registration Number \_\_\_\_\_ Dam's Registration Number \_\_\_\_\_  
Breed \_\_\_\_\_ Colour \_\_\_\_\_ Registration Number \_\_\_\_\_  
Tattoo \_\_\_\_\_ Microchip \_\_\_\_\_  
Birth date \_\_\_\_\_ Sex: Male [ ] Female [ ]

Preferred Appointment Time:

MORNING [ ]      AFTERNOON [ ]

Appointments for: HEART [ ] OFA ? Yes [ ] No [ ]  
EYES [ ]

((((A signature will be required from all owner/agents taking responsibility for identifying each dog.))))

**NO REFUNDS FOR CANCELLED APPOINTMENTS**