

**2013 National Golden Retriever Eye & Heart Clinic
Wichita Falls, Texas
Thursday October 24, 2013
9 am – 5 pm**

To be held in the Exhibit Hall, Meeting Room #5.

Stephanie Beaumont, DVM, DACVO – Ophthalmologist
Ashley B. Saunders, DVM, DACVIM– Cardiologist

REGISTRATION FORM

Eye and Heart Clinic fees

\$45.00 per dog per exam

Pre registration

30 dog minimum required for heart clinic

30 dog minimum required for eye clinic

Total fees due _____ Clinic requested / number of Dogs: EYE _____ HEART _____

No appointment necessary. \$45.00 per dog. Payment to be made at the Clinic. Owners need to bring registration information to the clinic. Dog's registered name. Date of Birth. Registration number. Microchip number. Sire and dams' registered name and their registration number.

Early Registrations are welcome

NAME _____

E-Mail _____

Phone numbers _____

Completed form to be mailed to:

Mary Beth Konesky 2991 Sunset Dr, Grand Island, NY 14072

Or sent via email as an attachment to 2013GRhealthclinic@gmail.com

Funds payable to: 2013 GRCA National Specialty

Pay at Health Clinic, prior to exam

Questions: 2013GRhealthclinic@gmail.com or 716-912-4220