

Eastern Ontario Labrador Breeders Association is hosting

SUMMER ECHO CLINIC



Offered by the well respected,
Dr. Luis Braz-RUIVO, D.V.M, D.V.SC., Di. ACVIM (Cardiology)
“Board Certified Veterinary Cardiologist”

Space is limited so sign up early to guarantee and appointment!

PLEASE NOTE: This clinic is being conducted for screening of congenital or acquired heart disease for breeding purposes only. No medical advice will be given to treat any suspected medical condition or to check on the progression of a previously diagnosed cardiac disease.

\$240.00 Canadian per dog if pre-registered & prepay by July 12th

****\$250.0 after pre-registration deadline or on day of clinic if space is still available.****

“A report will be provided at the time Echo is performed.”

Date: Sat & Sun - July 24th and 25th, 2010
Time: 9:00 am - 5:30 pm (scheduled by appointment)
Location: Ringside at the E.O.L.B.A. show ring

cheque made payable to
Eastern Ontario Labrador Breeders Association.

Mail Payment and Registration Form to:

**Tari Yates
5422 Conc. 2 RR#2
New Lowell, ON
L0M1N0**

Any questions regarding this clinic - contact Tari Yates @
tari.wayne@gmail.com or (705)424-6657

BRAZ-RUIVO SUMMER 2010 ECHO CLINIC REGISTRATION FORM

OWNER INFORMATION

Name: _____ Email: _____

Address: _____

Phone #: _____ Cell #: _____

Any special requests regarding appointment date/time notate here and we will try to accommodate you as best we can.

1st request: _____ 2nd request: _____

3rd request: _____

****You will be contacted and notified of your appointment date and time****
*****PLEASE NOTE A COPY OF THE CKC/AKC REGISTRATION IS**
REQUIRED AT THE TIME OF THE EXAM***

DOG(S) INFORMATION

1st dog Registered Name: _____

CKC/AKC # _____ Sex: _____ DOB: ____/____/____

Breed: _____ Microchip/Tattoo: _____

2nd dog Registered Name: _____

CKC/AKC # _____ Sex: _____ DOB: ____/____/____

Breed: _____ Microchip/Tattoo: _____

3rd dog Registered Name: _____

CKC/AKC # _____ Sex: _____ DOB: ____/____/____

Breed: _____ Microchip/Tattoo: _____

4th dog Registered Name: _____

CKC/AKC # _____ Sex: _____ DOB: ____/____/____

Breed: _____ Microchip/Tattoo: _____