



Souhegan Kennel Club, Inc.

ALL BREED EYE CLINIC (CERF)

Sunday, October 12, 2008

American K-9 Country, 336 Route 101, Amherst, NH

Examiner: Dr. Ruth Marion DVM, DACVO

Fees: \$28.00 for the first dog, and \$25.00 for each additional dog after the first.

Hours: The first exam will be done at 9:00AM and the last at 3:00PM. Since drops are necessary you will need to be there 20 minutes before.

All dogs **MUST** be preregistered and prepaid by September 30, 2008.

To register or FMI contact: Dianne Tyree

P.O. Box 67

Brookline, NH 03033

603-305-6807 or souhegankc@earthlink.net

See attached for registration form

Eye (CERF) Clinic Request for Appointment



Deadline for appointments is September 30, 2008

Appointment times will be assigned as the request forms are received. Confirmation of your appointment time will be sent to you by mail or e-mail if you have e-mail address. If you have an e-mail address please list it below as e-mail confirmations are a great time and money saver. Driving directions will be sent with your confirmation. Confirmations will not be sent before October 4, 2008.

CERF forms will be available and you must allow time to fill out the necessary forms in addition to allowing 20 minutes before your scheduled appointment time for eye drops. Please consider this when planning your trip.

Feel free to make additional copies of these forms if required.

Please print clearly:

Name				
Address				
City		State	Zip	
Phone (home)		Phone (cell)		
E-mail address or fax number				
Time	A.M.	P.M.	No. of Dogs	No. of CERF Forms Required
Attending SKC Obedience/Rally Trial <input type="checkbox"/> Yes <input type="checkbox"/> No			Event(s)/classes entered	

No appointments will be made unless accompanied by payment for the appropriate number of dogs.

Examination Fees:

\$28.00 per dog for first dog
\$25.00 per dog for each additional dog after first

Make checks payable to:

Souhegan Kennel Club, Inc. *(Returned checks will be charged \$25.00 bank service fee.)*

Direct questions and requests to:

Dianne Tyree
P.O. Box 67
Brookline, NH 03033
603-465-3647
e-mail (the best way to reach me) di24kk9s@souhegankc@earthlink.net

Please fill out the reverse side of this form with dog(s) information. Make additional copies if required.

Please print clearly:

Owners Name, Address, City, State, Zip and Phone (if different then person sending in appointment request form)

Name		
Address		
City	State	Zip
Phone Number		
Dog's Registered Name		
Registration No.	Tattoo, Chip, DNA Profile No.	
Breed	Sex	Date of Birth

You will need to fill out one of these forms per dog; print as many copies as you need. We ask that you do this so that we have the information needed for completing the CERF form on the day of the clinic.

Please have your dog on leash or in a carrier for the safety of all involved. Exercise your dog before your exam time and if your dog poops be prepared to scoop.

Please let us know if you have a bitch in season and leave her in the car till we can get her in for her exam. Someone will come to the car to administer drops. Dog poop we can deal with, dog fights we would like to avoid. If you have a dog with questionable behavior around other dogs please let us know and again leave the dog in the car till exam time.

Also, please be mindful of the fact that in addition to the clinic there will be a AKC Obedience and Rally Trial during clinic hours.