

HEREDITARY EYE DISEASE SCREENING CLINIC

CONDUCTED BY: ALAN BACHRACH, JR., V.M.D., D.A.C.V.O.

DATE: SUNDAY, JULY 10, 2011

PLACE: NEW ENGLAND ANIMAL HOSPITAL
2 PLEASANT STREET
WATERVILLE, MAINE

FEE: **MRTC MEMBERS: \$32.00 PER DOG**
NON-MEMBERS: \$35.00 PER DOG

SPONSORED BY: MAINE RETRIEVER TRIAL CLUB, INC.

PREREGISTRATION AND PREPAYMENT REQUIRED. PLEASE, NO WALK-INS. CLOSING DATE FOR REGISTRATION IS SATURDAY, JULY 2, 2011

To register, complete the form below, and with CHECK MADE PAYABLE TO MAINE RETRIEVER TRIAL CLUB, INC., return to:

Patricia A. Gerrie, Coordinator (207) 872-7442
426 Upper Main Street E-MAIL FOR QUESTIONS:
Waterville, ME 04901 pgerrie@mewireless.net

APPOINTMENT TIME WILL BE SENT BY E-MAIL IF ONE IS LISTED ON YOUR APPLICATION AND THIS WILL OCCUR DURING THE WEEK BEFORE THE CLINIC. . PLEASE INDICATE IF YOU NEED DIRECTIONS TO THE CLINIC: _____

DATE OF APPLICATION _____ TIME PREFERENCE: AM _____ PM _____
OWNER'S NAME _____ PHONE _____
ADDRESS _____ CITY, STATE & ZIPCODE _____
BREED _____ COLOR/VARIETY _____
SEX _____ NEUTERED? _____ DATE OF BIRTH _____
REGISTERED NAME _____ CALL NAME _____
AKC REGISTRATION NUMBER (if requesting CERF) _____
REQUESTING CERF REGISTRATION: _____ YES _____ NO _____
E-MAIL ADDRESS: _____ **MICROCHIP #** _____

DATE OF APPLICATION _____ TIME PREFERENCE: AM _____ PM _____
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