

Registration for Heart Exam
Held November 12, 2017

Name _____

Address _____

Phone _____

Email _____

Dog's Registered
Name _____

Dog's Call Name _____

_____ I would like to register for the heart exam (Auscultation only). \$40

_____ I would like to register for an echocardiogram. \$225

_____ I am also registering for eye exams and would like the exams coordinated for time.

Time Preference: ___None ___ 10-12:00 ___ 12:30- 2:00 ___ 2:10-3:30

Sarah Achen, DVM, Cardiologist, Blue Pearl Veterinarian Partners, Southfield, MI will be administering the exams. She will bring the triplicate OFA cardiac forms with her (Bring copy of AKC registration form).

Please complete this form and return with your check to

Mary Ann Redman
1811 Gunn Road
Holt, MI 48842

Make checks payable to Marshbanks Golden Retriever Club. Checks will not be deposited until after the health clinic. If you have any questions, feel free to email me at **maryannredman@comcast.net**.