



Marshbanks Golden Retriever Club of South Central Michigan

All Breed Heart Clinic Registration Form Clinic Date: April 28, 2019

Please complete registration form and submit with check made payable to MBGRC to:

Linda Nichols, 1238 Still Valley Drive, Howell, MI 48855

Name: _____

Address: _____

Phone: _____ Dog's Breed & Name: _____

Dog's AKC Reg. # _____ Microchip # _____

Email: _____

Auscultation:

Echocardiogram:

(Auscultation: \$40; \$45 if after April 12, 2019; Echo: \$225).

Time Preference: please check first and second choice:

None: 8:00-10:00 am 10:00am-12:00pm 12:30-2:00pm 2:00-3:30pm

Note: You will need to have your dog's AKC registration number or other permanent ID for the OFA form when you come to the clinic. (It is recommended you bring a copy of this completed form).

You will receive confirmation by email of registration and payment received. Your scheduled time will be sent later.

Questions: Contact: Linda Nichols at 248 982 6645; lknichols@sbcglobal.net

Thank you for participating in our clinic.

**Please note there is also a DNA clinic at this event: Please contact Cynthia Binder:
Shorline_goldens@hotmail.com; 309-530-1010**

For administration only:

Payment Amount: _____ Check # _____ Date Rcvd: _____