

YVKC Health Clinic Pre-Registration Form
(To be held Sunday March 26, 2017, at Acme Dog Training Union Gap, WA)

Owner's name: _____

Address: _____ City/ State/ Zip: _____

Contact person's phone number: _____ email address: _____

Appointment time *preference (circle) Morning Afternoon

**Clinic committee members/workers will be given first priority for appointment times.*

I agree to hold Yakima Valley Kennel Club, its members, participants and the owner and lessor of the Premises harmless from any claim for loss or injury while participating in this clinic. I understand that in the event my dog(s) is/are unable to attend the clinic, and is/are withdrawn after the closing date, I may sacrifice some if not all fees paid.

Signature _____ Date _____

Pre-Registration closes March 15, 2017

Mail Pre-registration form and **check made payable to YVKC** to:
 Anne Swindeman 1852 SR 821 Yakima, WA 98901

PRICES: EYE @ \$27 EACH CARDIAC @ \$40 Auscultation exam; \$200 for exam w/ Echocardiogram

Please provide the following information for EACH dog.

PLEASE PRINT CLEARLY OR TYPE. OR INCLUDE COPY OF AKC REGISTRATION

Dog #1 - EYE CARDIAC Circle one: Auscultation Echo

Owner(s) Name: _____

Dog's Registered Name: _____

Breed/Variety: _____ Dog's Sex: _____

Tattoo or Microchip # _____

AKC Registration #: _____ Dog's Birthdate: _____

Dog #2 - EYE CARDIAC Circle one: Auscultation Echo

Owner(s) Name: _____

Dog's Registered Name: _____

Breed/Variety: _____ Dog's Sex: _____

Tattoo or Microchip # _____

AKC Registration #: _____ Dog's Birthdate: _____

Dog #3 - EYE CARDIAC Circle one: Auscultation Echo

Owner(s) Name: _____

Dog's Registered Name: _____

Breed/Variety: _____ Dog's Sex: _____

Tattoo or Microchip # _____

AKC Registration #: _____ Dog's Birthdate: _____

Dog #4 - EYE CARDIAC Circle one: Auscultation Echo

Owner(s) Name: _____

Dog's Registered Name: _____

Breed/Variety: _____ Dog's Sex: _____

Tattoo or Microchip # _____

AKC Registration #: _____ Dog's Birthdate: _____

Dog #5 - EYE CARDIAC Circle one: Auscultation Echo

Owner(s) Name: _____

Dog's Registered Name: _____

Breed/Variety: _____ Dog's Sex: _____

Tattoo or Microchip # _____

AKC Registration #: _____ Dog's Birthdate: _____

