

**THE FIVE VALLEY KENNEL CLUB PRESENTS**

**\*\*\*EYE CLINIC\*\*\*MICROCHIP CLINIC\*\*\***

**WHEN:** Saturday, March 27, 2010

**WHERE:** Big Sky Veterinary Clinic, 2411 Dearborn Ave., Missoula, MT (1 block south of South Avenue and Reserve, across from the Shopko parking lot)

**HOURS:** Eye CERF Clinic appointments begin at 9:00 A.M and will last until 2:30P.M. The limit will be 65 dogs. This clinic will be for CERF examinations.

Microchip Clinic hours are 9:00 A.M. until 12:00 Noon

**COST: EYE CERF CLINIC:** \$35.00 for each dog, \$25.00 per dog for FVVC members.

**MICROCHIP CLINIC:** \$35.00 per dog, using Home Again chips. This includes registration.

**OPHTHALMOLOGIST:** William L. Yakely, DVM. Diplomate, ACVO - Animal Eye Clinic of Spokane.

**DEADLINE FOR REGISTRATION:** Wednesday, March 24, 2010. No refunds will be given for cancellations after this date.

Additional reservation forms are available at [www.fivevalleykennelclub.org](http://www.fivevalleykennelclub.org).

<p><b>Payment must accompany registration request with checks made payable to <u>"Five Valley Kennel Club"</u>.</b></p>
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Time slots will be assigned when payment and registration form are received. **No appointments will be made by telephone.** You will be advised of your assignment by mail, email or telephone, so be sure to include all information below. **Please** plan to arrive for your appointment at least 10 minutes early so all paperwork may be completed. **This is critically important to keep the clinic operating on schedule.**  
**If you have multiple dogs please allow more time prior to appointment and bring a helper to assist.**

**You need to bring the following with you:** Dog's AKC registered name and registration number, dog's date of birth, and owner's name and address. **Please note:** As of 01/01/2001 Canine Eye Registration Foundation will require your dog to have either tattoo, micro chip or DNA profile number written on the CERF exam form for the dog to be certified.

For additional information, you may contact Dianne Barnes at [windsong@blackfoot.net](mailto:windsong@blackfoot.net) (406) 244-5445 or Amanda Hodges at [teckelwood@charlo.net](mailto:teckelwood@charlo.net) (406) 644-3446.

**PLEASE SAVE THIS PAGE FOR YOUR INFORMATION AND REVIEW PRIOR TO ATTENDING THE CLINIC.**

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**PLEASE SEND PAYMENT AND REGISTRATION TO:** Dianne Barnes  
P.O. Box 932  
Bonner, MT 59823

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIPCODE \_\_\_\_\_

Email \_\_\_\_\_ May we send you  
information about the next clinic by email? Yes \_\_\_ No \_\_\_

NUMBER OF DOGS \_\_\_\_\_

BREED (S) \_\_\_\_\_

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**PREFERRED TIME: EYE CERF CLINIC** (Indicate 1st and 2nd choices)

9:00\_\_ 9:15\_\_ 9:30\_\_ 9:45\_\_ 10:00\_\_  
10:15\_\_ 10:30\_\_ 10:45\_\_ 11:00\_\_ 11:15\_\_ 11:30\_\_ 11:45\_\_  
12:30\_\_ 12:45\_\_ 1:00\_\_ 1:15\_\_ 1:30\_\_ 1:45\_\_ 2:00\_\_ 2:15\_\_ 2:30\_\_

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**Microchips** will be inserted after/before your eye appointment (9: A.M. to 12:00 P.M.).  
If you wish to attend the microchip clinic only, please indicate first and second time preference below.

\_\_\_\_\_ 1<sup>st</sup>      \_\_\_\_\_ 2<sup>nd</sup>