

**ALL BREED HEART/ECHO/EYE CLINIC**

**SPONSORED BY  
CUYAHOGA VALLEY GOLDEN RETRIEVER CLUB**

**Dr. Robert Hamlin, Board Certified Cardiologist (Ohio State University)  
Dr. Anne Metzler, Board Certified Ophthalmologist (Ohio State University)**

**WHEN/WHERE: Saturday, October 24, 2020 (8am – 4pm), Medina Kennel Club,  
6840 Lake Rd., Medina, Ohio 44256**

**COST: Auscultation \$45.00**

**ECHO \$195.00**

**Eyes \$45.00**

**PRE REGISTRATION IS REQUIRED No Walk-ins**

**TO REGISTER, COMPLETE THE FORM BELOW AND RETURN WITH CHECK, MADE OUT  
TO CVGRC, to Vicki White, 5170 Unger Rd. Atwater, Ohio 44201 (cell -330-819-5568,  
or email [gideongr@aol.com](mailto:gideongr@aol.com))**

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**CVGRC ALL BREED HEART/ECHO/EYE CLINIC REGISTRATION  
FORM**

**Owner's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_**

**Address: (street) \_\_\_\_\_**

**(city) \_\_\_\_\_**

**(state) \_\_\_\_\_ (zip) \_\_\_\_\_**

**E-mail Address: \_\_\_\_\_ Dog's Breed: \_\_\_\_\_**

**Dog's Registered name: \_\_\_\_\_ AKC # \_\_\_\_\_**

**Dog's Birth date: \_\_\_\_\_ Dog's Breed: \_\_\_\_\_**

**Time preferred: \_\_\_\_\_ am or \_\_\_\_\_ pm**

**CHECK WHICH EXAM(S) YOU ARE SCHEDULING:**

**Auscultation \_\_\_\_\_ ECHO \_\_\_\_\_ EYES \_\_\_\_\_**

***PLEASE PRINT CLEARLY***

**DEADLINE – OCTOBER 16, 2020 - NO REFUNDS**