



# Echocardiogram with Color Flow Doppler Breed Screen Clinic

Open To Purebred Registered Dogs of All Breeds

With Board-Certified Cardiologist,  
**Dr. Luis Braz-Ruivo DVM, DVSc, ACVIM (Ca)**

**Dates: December 7, 8 & 9\*, 2018**

**\* morning appointments only**

Location: Show Office in NE Corner of Benching Area in Stockmens Pavilion  
Westerner Park, 4847 19 Street, Red Deer, Alberta, T4R 2N7

Sponsored by the Red Deer & District Kennel Club All Breed Show

**PLEASE NOTE:** This clinic is being conducted for the screening of congenital or acquired heart disease in breeding stock. No medical advice will be given to treat any suspected medical condition, or to check the progression of a previously diagnosed condition.

## Registration Deadline:

**December 4, 2018 or when all spaces have filled**

**Echo Cost: \$225.00 per dog prior to/on the registration deadline.**

**Contact Cindy or Karen regarding appointment availability after deadline.**

**\*If you are not entered in the show, you will be required to pay the parking fee to get onto the show grounds\***

**\*NEW! Payment & registration through DogShow.ca!\***

Other registration/payment options:

\*Send registration/payment by email/e-transfer:

[drluisbrazruivoab@gmail.com](mailto:drluisbrazruivoab@gmail.com)

\*Mail registration/payment by cheque/money order to  
address below.

**Make cheques/money orders payable to:  
Luis Braz-Ruivo**

**DogShow.ca** ENTER ONLINE @ **DOGSHOW.CA**

**ENTER ONLINE AND WIN A TRIP\* FOR TWO TO  
THE 2019 CRUFTS IN  
BIRMINGHAM, ENGLAND**

**Prize valued at \$4,500!**

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A service charge of 10% will be assessed. This includes entries sent online, by fax or post using a credit card or Interac for payment.

\* No purchase required. Full contest details available at [www.dogshow.ca/en/contest](http://www.dogshow.ca/en/contest)

Cindy Thomas / Karen LeJeune  
219 - 5344 76 Street, Red Deer, AB. T4P 2A6  
[drluisbrazruivoab@gmail.com](mailto:drluisbrazruivoab@gmail.com)

Cindy's Phone: 403-346-9848 / Karen's Phone: 403-318-3358

# Echocardiogram Clinic Registration Form

## Appointments:

It is recommended to have an assistant available to take your dog to the scheduled appointment if you are unable to do so yourself due to any unexpected conflicts. Keep in mind that the assistant you choose will be privy to confidential information during your dog's exam. **Any person with a large breed dog in the clinic MUST bring an assistant to the dog's appointment to assist in getting the dog on and off the cardiac table.**

## Registration:

There will be a charge of \$45.00 for all NSF cheques. **There are no cancellations or refunds unless the clinic is cancelled. There will be no refunds given for missed appointments. Any overpayment will be considered a donation.**

**Please print clearly or type out the form below. Complete one registration form per dog and send with payment using one of the methods listed on previous page.**

Is this dog entered in the dog show? ☐ Yes ☐ No (mandatory - please check one)

Select all that apply: ☐ All Breed ☐ Specialty ☐ Obedience ☐ Rally Obedience

Class or Classes Entered? \_\_\_\_\_

Registered Name of Dog: \_\_\_\_\_

Registration Number (circle one: AKC CKC Other): \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_ Sex: \_\_\_\_\_ Breed of Dog: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone (circle one: work or cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please indicate which day(s) and time(s) your dog will be available for an appointment (give us your top two choices by using 1 & 2):**

<input type="checkbox"/> Friday, December 7, 2018	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
<input type="checkbox"/> Saturday, December 8, 2018	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
<input type="checkbox"/> Sunday, December 9, 2018	<input type="checkbox"/> morning	

**Appointments will be scheduled once the RDDKC judging schedule is out.** Your appointment date and time will be sent to the email address you provided above after December 4, 2018.

Office Use Only:

Appointment Date: \_\_\_\_\_, \_\_\_\_\_ Appointment Time: \_\_\_\_\_ am/pm (circle one)

Gift Certificate(s) Redeemed: N / Y (circle one) Total Amount of Gift Certificate(s) Redeemed: \$ \_\_\_\_\_