

**THE BOXER CLUB OF WESTERN
NEW YORK, INC PRESENTS.....
ECHOCARDIOGRAM CLINIC
OPEN TO ALL BREEDS!**

Presented by:

Dr. Luis Braz-Ruivo, D.V.M., D.V.Sc., Dip. ACVIM
“Board Certified Veterinary Cardiologist”

Cost for PRE- Registration–\$190.00
AFTER February 3,2012: \$225.00 per dog

Space is limited so sign up early to guarantee an appointment!
(Clinic held in the Marshall’s efficiency appt.~privacy assured!)

Cost for Registration: \$190.00 per dog

Date of Clinic: February 18 & 19 (Sat. & Sun., 2012) ****in case of inclement weather, clinic will move to the following weekend, Feb. 25 & 26, 2012****

“A report will be provided at the time Echo is performed, please bring your dog’s AKC name & registration number”

Make checks payable to: Boxer Club of Western NY, Inc.

Mail payment and registration information to:

Deborah Marshall

2601 West Blood Rd.

East Aurora, NY 14052 (716-655-3506 or wdmarschall@roadrunner.com)

Name: _____ # of dogs _____

Address: _____

Phone #: _____ Cell #: _____

E-Mail: _____

Special Requests regarding appointment time (we will try to accommodate you as best we can) 8:30 am-5:00 pm appt. every half hour! (12-1 lunch-No appts.)

**You will be contacted and notified of your appointment date and time via email

Braz-Ruivo SPRING 2011 ECHO CLINIC REGISTRATION FORM

OWNER INFORMATION

Name: _____ E-Mail: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Any special requests regarding appointment date & time notate here & we will try to accommodate you as best we can.

****You will be contacted and notified of your appointment date and time****

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

DOG(S) INFORMATION

(1) REGISTERED NAME: _____

BREED: _____ SEX: _____

AKC # _____ DOB: _____

(2) REGISTERED NAME: _____

BREED: _____ SEX: _____

AKC # _____ DOB: _____

(3) REGISTERED NAME: _____

BREED: _____ SEX: _____

AKC # _____ DOB: _____

If you have additional dogs, please include their information on a separate sheet of paper.

Questions? Contact Deborah Marshall at 716-655-3506 or email: wymarshall@roadrunner.com