



# OFA Eye Certification Registry (ECR) Clinic Canine All-Breed

## Saturday, February 4, 2017 9 am – 4 pm

Sponsored as a service to all dog owners by the  
**Pacific Northwest Portuguese Water Dog**

Eye exams by Dr. Victoria Jones, DVM, DACVO  
Northwest Animal Eye Specialists  
13020 NE 85th Street  
Kirkland, WA 98033

Dogs with normal test results are eligible for OFA-ECR registration certificate that is valid for 12-months.

### Examination Fee and Registration

- \$30.00 - Portuguese Water Dogs
- \$40.00 - All other canine breeds

**Register early as there are limited appointments!**

Registrations accepted until the clinic is full.  
Registration closes Monday, January 23, 2017.

To register, go to [www.pnwpwdc.org/eye](http://www.pnwpwdc.org/eye) or complete this form electronically, print, and mail with payment to:

PNWPWDC  
c/o: Cynthia Kongorski  
16404 164<sup>th</sup> Ave NE  
Woodinville, WA 98072

Make check or money order payable to: PNWPWDC

Questions? Email [cynthia@kongorski.com](mailto:cynthia@kongorski.com)

**You will be notified by email of your appointment time approximately one week prior to the event.**

### OWNER INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### TIME PREFERENCE:

All efforts will be made to accommodate time preferences, and we appreciate your flexibility and understanding. Would you prefer?

- Morning Appointment (9 am - noon)       Afternoon Appointment (1 pm - 4 pm)

### DOG INFORMATION

If registering more than three dogs, list the additional dogs and the dog's information for on a separate sheet of paper and submit with this form.

#### DOG #1

Registered Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Call Name: \_\_\_\_\_ Breed / Variety: \_\_\_\_\_

Date of Birth (d/m/y): \_\_\_\_\_ Tattoo or Microchip #: \_\_\_\_\_

- Male     Female

#### DOG #2

Registered Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Call Name: \_\_\_\_\_ Breed / Variety: \_\_\_\_\_

Date of Birth (d/m/y): \_\_\_\_\_ Tattoo or Microchip #: \_\_\_\_\_

- Male     Female

#### DOG #3

Registered Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Call Name: \_\_\_\_\_ Breed / Variety: \_\_\_\_\_

Date of Birth (d/m/y): \_\_\_\_\_ Tattoo or Microchip #: \_\_\_\_\_

- Male     Female

### PAYMENT

Breed	Exam Fee	# of Dogs	Total
Portuguese Water Dog	\$30.00	x _____	= \$ _____
All Other Canine Breeds	\$40.00	x _____	= \$ _____

**TOTAL** (make check or money order payable to **PNWPWDC**) \$ \_\_\_\_\_

**NOTE:** Non-refundable exam fee unless 1) eye clinic is canceled due to low enrollment or 2) if another participant can be found to take your dog's appointment.