

**Health Clinic**  
Hosted by  
**Silky Terrier Club of America &  
New Mexico Toy Group Club**

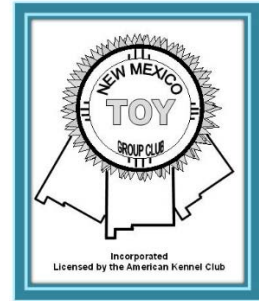
**Saturday, August 13, 2016**

*HOURS 10:00 AM TO 3:00 PM*

*MCM Elegante Hotel*

*2020 Menaul NE Albuquerque, NM 87107*

*Check in Ballroom with Treasurer*



We are proud to have the following Veterinary Specialists attending.



Dr. Caryn A. Reynolds, DVM, DACVIM  
(Cardiology)  
Medical Director

**EYE SCREENING - \$ 40.00 FIRST DOG  
\$ 35.00 PER DOG THEREAFTER (SAME BREEDER/OWNER/CO-OWNER)**  
*Please arrive 20 minutes prior to scheduled appointment for eye dilation.*

### 2016 STCA/NMTGC Eye Clinic Registration Form

You will need all of the requested information below for each dog to be examined. Pre-register by July 27, 2016. Applications will be taken on the days of the clinics if there is space available. No refunds for no-shows. Make checks payable to **Silky Terrier Club of America** and mail with completed registration form to **Diane Angeli – 504 Bristol Drive, Allen, TX 75013 (214) 383-3537**

Dog #1			
Breed:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date Whelped:		Color:	
AKC Registration #:			
Chip #:		Chip Type:	
Dog's Registered Name:			
Call Name:			
Dog #2			
Breed:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date Whelped:		Color:	
AKC Registration #:			
Chip #:		Chip Type:	
Dog's Registered Name:			
Call Name:			
Dog #3			
Breed:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date Whelped:		Color:	
AKC Registration #:			
Chip #:		Chip Type:	
Dog's Registered Name:			
Call Name:			
Dog #4			
Breed:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date Whelped:		Color:	
AKC Registration #:			
Chip #:		Chip Type:	
Dog's Registered Name:			
Call Name:			
Owner Information			
Owner(s) Name(s):			
Primary Owner Address:			
Primary Owner City:			
Primary Owner State:			
Primary Owner Zip:			
Primary Owner Phone:			
Primary Owner Email:			
Club Use Only			
<b>Eye Exam</b>		# of Complimentary (attach coupon)	
# First Exam		Sub Total First Exam	\$
# Subsequent Exam		Sub Total Sub Exam(s)	\$
		Eye Exam Total	
		Grand Total	\$