

# 2022 Nationals Eye Clinic Pre-registration

Information about your dog that will be used to complete the information for the veterinary ophthalmologist:

AKC Registration # (if any, otherwise leave blank): \_\_\_\_\_

Other Registrar/Registration # (UKC, CKC, etc.): \_\_\_\_\_

Registered name of your dog: \_\_\_\_\_

Call name: \_\_\_\_\_

Titles: \_\_\_\_\_

Registration # of Sire (Leave blank if none/unknown): \_\_\_\_\_

Registration # of Dam (Leave blank if none/unknown): \_\_\_\_\_

Breed: American Water Spaniel Coat Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_

Microchip # (if any) \_\_\_\_\_ Tattoo (if any): \_\_\_\_\_

Other Co-Owner Name(s): \_\_\_\_\_

\_\_\_\_\_  
*Separate multiple owner names with semicolons (;)*

*Cost for each dog: \$20*

*Make Check Payable to AWSC, Inc., Attention H & G Committee, and send with this form by July 21<sup>st</sup> to:*

*Christine Dostie  
981 Church Hill Road  
Leeds, ME 04263*

## ***Important***

**OFA:** In addition to sending this form to Chris, you are encouraged to Create an Owner Account with OFA at <https://online.ofa.org/login/>; you then go to [online@offa.org](mailto:online@offa.org) and Create a New Application for the CAER Eye Exam. Once completed, this information will be accessible to the veterinarian at the Nationals Eye Clinic to complete and send to OFA.

***Thank you for the participation of your dog(s) in this worthwhile clinic! Pre-registered dogs will be placed on a list prior to Nationals to have preference for examination***