

Heart Clinic Appointment Sheet

February 19, 2022 10:00am - 3:00pm

Hosted by CMW/COS at the DoubleTree by Hilton
Dallas - DFW Airport North
4441 W John Carpenter Freeway
Irving, TX 75063

Cost: Heart Exam: \$45.00

Cardiologist: Dr. Sonya G. Gordon, BSc, DVM, DVSc, Diplomate ACVIM Cardiology

Remember: Bring Registration information (CKCSC and/or AKC) for each dog being checked as needed for OFA forms!

Please **arrive 10 minutes** before your scheduled appointment time.

Human Name: _____ cell (for text): _____

Dog #1: _____ Time: _____ Type: Heart Exam Amount: \$ _____

Dog #2: _____ Time: _____ Type: _____ Amount: \$ _____

Dog #3: _____ Time: _____ Type: _____ Amount: \$ _____

Dog #4: _____ Time: _____ Type: _____ Amount: \$ _____

Heart Clinic Total: \$ _____

Contact Cathy Teff (972-832-3561 or email: cteff1@verizon.net) for appointments.

Fill in this sheet and bring with you to the clinic.
If more than four dogs, please fill out a second sheet.

CKCSC, USA Members:

Place Total on **Summary Amount Due Sheet** on HEART CLINIC TOTAL line.

For non-CKCSC, USA members, email this completed form to: CMWShowSec@cavimidwest.org
Pre-payment required via PayPal Invoice. (No PayPal account required.)

(your email for sending PayPal Invoice)

Please look for a PayPal invoice from Cavaliers of the South (for non-CKCSC club members).
Your prompt payment is greatly appreciated!

Patella Clinic Appointment Sheet

February 19, 2022 2:00pm - 5:00pm

Hosted by CMW/COS at the DoubleTree by Hilton
Dallas - DFW Airport North
4441 W John Carpenter Freeway
Irving, TX 75063

Cost: Patella Exam: \$45.00

Dr. Melissa F. Cortiaus, DVM Specializing in Surgery and Canine

Remember: Bring Registration information (CKCSC and/or AKC) for each dog being checked as needed for OFA forms!

Please **arrive 10 minutes** before your scheduled appointment time.

Human Name: _____ cell (for text): _____

Dog #1: _____ Time: _____ Type: Patella Exam Amount: \$ _____

Dog #2: _____ Time: _____ Type: _____ Amount: \$ _____

Dog #3: _____ Time: _____ Type: _____ Amount: \$ _____

Dog #4: _____ Time: _____ Type: _____ Amount: \$ _____

Patella Clinic Total: \$ _____

Contact Cathy Teff (972-832-3561 or email: cteff1@verizon.net) for appointments.

Fill in this sheet and bring with you to the clinic.

If more than four dogs, please fill out a second sheet.

CKCSC, USA Members:

Place Total on **Summary Amount Due Sheet** on PATELLA CLINIC TOTAL line.

For non-CKCSC, USA members, email this completed form to: CMWShowSec@cavimidwest.org
Pre-payment required via PayPal Invoice. (No PayPal account required.)

(your email for sending PayPal Invoice)

**Please look for a PayPal invoice from Cavaliers of the South (for non-CKCSC club members).
Your prompt payment is greatly appreciated!**

Microchip Clinic Appointment Sheet

February 19, 2022 2:00pm - 5:00pm

Hosted by CMW/COS at the DoubleTree by Hilton
Dallas - DFW Airport North
4441 W John Carpenter Freeway
Irving, TX 75063

Cost: Microchip: \$50.00

Dr. Melissa F. Cortiaus, DVM Specializing in Surgery and Canine

Remember: Bring Registration information (CKCSC and/or AKC) for each dog being checked as needed for OFA forms!

Please **arrive 10 minutes** before your scheduled appointment time.

Human Name: _____ cell (for text): _____

Dog #1: _____ Time: _____ Type: Microchip Amount: \$ _____

Dog #2: _____ Time: _____ Type: _____ Amount: \$ _____

Dog #3: _____ Time: _____ Type: _____ Amount: \$ _____

Dog #4: _____ Time: _____ Type: _____ Amount: \$ _____

Microchip Clinic Total: \$ _____

Contact Cathy Teff (972-832-3561 or email: cteff1@verizon.net) for appointments.

Fill in this sheet and bring with you to the clinic.

If more than four dogs, please fill out a second sheet.

CKCSC, USA Members:

Place Total on **Summary Amount Due Sheet** on MICROCHIP CLINIC TOTAL line.

For non-CKCSC, USA members, email this completed form to: CMWShowSec@cavimidwest.org
Pre-payment required via PayPal Invoice. (No PayPal account required.)

(your email for sending PayPal Invoice)

**Please look for a PayPal invoice from Cavaliers of the South (for non-CKCSC club members).
Your prompt payment is greatly appreciated!**

Eye Clinic Appointment Sheet

February 20, 2022 9:00am - 3:00pm

Hosted by CMW/COS at the DoubleTree by Hilton
Dallas - DFW Airport North
4441 W John Carpenter Freeway
Irving, TX 75063

Cost: Eye Exam: \$45.00

Dr. Rachel D. Ring, DVM, Diplomate American College of Veterinary Ophthalmologists

Remember: Bring Registration information (CKCSC and/or AKC) for each dog being checked as needed for OFA forms!

Please **arrive 20 minutes** before your scheduled appointment time for dilation.

Human Name: _____ cell (for text): _____

Dog #1: _____ Time: _____ Type: Eye Exam Amount: \$ _____

Dog #2: _____ Time: _____ Type: _____ Amount: \$ _____

Dog #3: _____ Time: _____ Type: _____ Amount: \$ _____

Dog #4: _____ Time: _____ Type: _____ Amount: \$ _____

Eye Clinic Total: \$ _____

Contact Cathy Teff (972-832-3561 or email: cteff1@verizon.net) for appointments.

Fill in this sheet and bring with you to the clinic.

If more than four dogs, please fill out a second sheet.

CKCSC, USA Members:

Place Total on **Summary Amount Due Sheet** on EYE CLINIC TOTAL line.

For non-CKCSC, USA members, email this completed form to: CMWShowSec@cavimidwest.org
Pre-payment required via PayPal Invoice. (No PayPal account required.)

(your email for sending PayPal Invoice)

**Please look for a PayPal invoice from Cavaliers of the South (for non-CKCSC club members).
Your prompt payment is greatly appreciated!**