

Toto Clinic Owner's Registration. Saturday, October 14, 2023

First name Last name

Street Address

City or Town State ZIP

Home Phone: (____)____-____ Daytime: (____)____-____

Cell: (____)____-____

Email address: _____@_____. _____

Please print contact info and be certain that the email contact is legible. If you prefer a phone call notification of app't time, please note your preference. Thanks!

Canine's Full AKC Registered and Call Names:

Canine's AKC Registration number, if available:

Canine's Date of Birth: ____/____/____
mo day year

Canine's Sire (Reg Name): _____

Canine's Dam (Reg Name): _____

Has your dog been examined before by Dr Olivero or Dr Petersen-Jones? Yes ___ No ___

Do you give permission for Dr. Olivero to take a DNA sample if your Cairn meets certain criteria for the study? Yes ___ No ___

Do you know if your dog is related to dogs with ocular melanosis? Yes ___ No ___

If yes, please give details: _____

Have you noticed any eye abnormalities/ history of eye problems? Yes ___ No ___

If yes, please give details: _____

Please send registration and club discounted fee of **\$45.00 per Cairn Terrier** to Gretchen Anderson.

Make your check payable to "Su-Mac Cairn Club – Toto Clinic"

Mailing address: Gretchen Anderson, 69642 120th St., Emmons, MN 56029

Toto Clinic: Appointments will be scheduled for times starting at 9:00am Saturday morning Oct 14, 2023. Please circle the approximate time: 9:00 9:30 10:00 10:30

Veterinary Ophthalmology Specialty Practice
3340 Republic Avenue
St Louis Park, MN 55426

Your signature: _____

Today's date: ____/____/2023