

Manitoba Animal Eye Clinic

Dr. Bruce Grahn, D.V.M.

Dr. Lynne Sandmeyer, D.V.M.

Dr. Bianca Bauer, D.V.M.

Location

Dutch Hill Veterinary Clinic, Unit 7-1600 Regent Ave W

Saturday and Sunday

January 14/15, 2017

February 11/12, 2017

March 25/26, 2017

May 6/7, 2017

Services Offered

Clinical exams-dogs/cats/pocket pets - \$200

Recheck eye exams-\$160

OFA/CERF-\$40 first exam/\$35 each additional exam

Eye exam for horses available at an additional fee

PLEASE NOTE: DUTCH HILL VET CLINIC IS NOT AFFILIATED WITH THE ANIMAL EYE CLINIC. PLEASE CONTINUE TO CONTACT CATHY AND CHERYL AT mbeyeclinic@hotmail.com FOR ANY QUESTIONS OR APPOINTMENTS.

Registration Process

1) Complete owner information

2) Complete either eye exam or OFA/CERF information

3) Complete payment:

Mail registration must include a check or money order made payable to: **ANIMAL EYE CLINIC MANITOBA**

4) Once payment is received you will be contacted by email with an appointment time.

Checks/money orders can be mailed to Cathy Fedick, 4 Lakemere Place, Winnipeg, MB R2J 2T6

We also accept e-transfers (made to mbeyeclinic@hotmail.com) if you have access to online banking

Location

Dutch Hill Veterinary Clinic, Unit 7-1600 Regent Ave W, Winnipeg, MB

Directions: The clinic is located between Lagimodiere Blvd and Panet Road on the south side of Regent

It is in a strip mall in the same parking lot as the CO-OP gas station. Enter from the double doors, walk into the mall and turn right. There will be signs posted to help direct you to the right spot.

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Registration Form

Please print off form and fill out in ink. Do not fill out online.

Owner: _____

Address: _____

City: _____ Province: _____

Phone: _____ Postal Code: _____

Email: _____

Please select one:

() \$200 Exam (dog/cat/pocket pet)

() \$40 OFA/CERF (first dog)

() \$160 Recheck (dog/cat/pocket pet)

() \$35 OFA/CERF (each additional dog)

Preferred date? Sat or Sun (circle one) Time? am or pm (circle one) Month? _____

Patient Information:

Pets name: _____

Breed: _____

Date of Birth: _____ Sex: male, female, spayed, neutered

Veterinarian's name: _____

Veterinarian's clinic: _____

Has your pet been seen by Drs. Grahn, Sandmeyer or Bauer? yes or no

If yes, previous diagnosis? _____

If this is for an OFA/CERF exam please fill out the following:

Registered name: _____

CKC Registration #: _____

Tattoo/microchip #: _____

Medical History

Owner name _____ Pet name _____

What is the problem(s): _____

When did you or your vet first notice your pets eye problem? _____

Have you noticed vision loss? _____ When? _____

Current
diagnosis? _____

Current medications (name, how often given, which eye(s))

Has any surgery been performed on the eye(s)? _____

Name/type of surgery and when? _____

Please list all non-ocular (non-eye related) medical conditions: _____

Please list all non-ocular medications: _____
