

Animal Eye Clinic Manitoba

mbeyeclinic@gmail.com

Dr. Bruce Grahn, DVM,

LOCATION

Bridgwater Veterinary Hospital & Wellness Centre

100-350 North Town Rd, Winnipeg

PLEASE NOTE: THE ANIMAL EYE CLINIC IS NOT AFFILIATED WITH BRIDGWATER VET. IF YOU HAVE ANY QUESTIONS REGARDING THE EYE CLINIC PLEASE EMAIL US AT mbeyeclinic@gmail.com. DO NOT CALL/FAX/EMAIL OR MAIL TO BRIDGWATER VET. THEY HAVE NO ACCESS TO OUR FILES OR APPOINTMENTS.

UPCOMING CLINIC DATES

Apr 30-May 2, 2021

June 4-6, 2021

July 9-11, 2021

Aug 13-15, 2021

September 17-19, 2021

SERVICES OFFERED

CLINICAL/PRIMARY EXAMS (NEW CLIENT TO US) \$230

RECHECK EXAMS (HAVE SEEN THE OPHTHALMOLOGIST BEFORE) \$190

OFA/CERF \$40 FIRST DOG/\$35 EACH ADDITIONAL DOG BROUGHT AT THE SAME
TIME

HORSES AVAILABLE AT AN ADDITIONAL FEE

PLEASE NOTE WE HAVE INCREASED OUR FEES

REGISTRATION PROCESS

The quickest way to register is to email your completed registration form and pay by online e-transfer, to mbeyeclinic@gmail.com. You can also mail your forms with a cheque made payable to Animal Eye Clinic Manitoba. Mailing address is 4 Lakemere Pl, Wpg, MB R2J 2T6 attn: Cathy Fedick.

PLEASE NOTE: DUE TO A LARGE VOLUME OF LAST MINUTE CANCELLATIONS AND NO SHOWS, IT IS NOW OUR POLICY TO HAVE RECEIVED A REGISTRATION FORM AND PAYMENT BEFORE AN APPOINTMENT IS GIVEN.

LOCATION

Bridgwater Veterinary Hospital

100-350 North Town Road, Winnipeg

South of the new Bishop Grandin overpass

Located at the corner of North bound Kenaston and North Town Road

REGISTRATION FORM

(please fill in all the blanks)

Owner: _____

Address: _____

City: _____ Province: _____

Phone: _____ Postal Code: _____

Email Address: _____

Please select one:

() \$230 Clinical Exam

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

() \$190 Recheck Exam

() \$35 OFA/CERF (each add'l dog)

Month and day requested: _____

Patient Information:

Pets name: _____ Breed _____

Date of Birth: _____ Sex: Male, Neutered, Female, Spayed

Veterinarian's name: _____

Veterinarian clinic _____

Has your pet been previously seen by Drs. Grahn, Sandmeyer or Bauer?

Yes or No

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 was eye problem first noticed?: _____

Have you noticed vision loss? Yes or No When? _____

Current Diagnosis? _____

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

Has any surgery been performed on the eye(s)? Yes or No

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

Please list all non-ocular medications:
