

**REGISTER ON-LINE**

Register on-line at [www.goto-enter.com](http://www.goto-enter.com)  
Please note: Credit card info need not be entered on-line

In Winnipeg and surrounding areas fax 444-4FAX (4329)  
Long distance callers fax toll free 1-866-TO-ENTER (863-6837)

**BY FAX**

**BY E-MAIL**

Send e-mail registrations to [cec200805@goto-enter.com](mailto:cec200805@goto-enter.com)

In Winnipeg and surrounding areas phone 444-GoTo (4686)  
Long distance callers phone toll free 1-866-444-GoTo (4686)

**PHONE**

**OR MAIL**

Mail the form with a CERTIFIED CHEQUE  
or MONEY ORDER to Canine Eye Clinic  
Box 223, Anola, Manitoba R0E 0A0

**Fees - Clinical Exam**

\$ 230.00 per horse  
\$ 115.00 per dog, cat or rabbit

**Fees - CERF**

\$ 37.00 for first dog  
\$ 28.00 for each additional dog,  
same owner

Please note: These prices include GST.

**Payments made by Certified  
Cheques and Money Orders**

Make **certified cheques** and **money  
orders** payable to Canine Eye Clinic

**Visa, MasterCard,**

**Discover Card, Diners Club  
and American Express Accepted**

There will be a 10% service charge on  
all credit card payments.

**Direct Payment - SAVE \$\$\$ !!!**

Pay fees plus 7% service charge at a  
bank teller, ATM or use your bank's  
Internet or Telephone Bill Payment  
Service before closing.

**Above payments processed by G.o.T.o.  
and your statements will reflect this  
information.**

**Registrations accepted until the clinic is full. We request that  
you register by Wednesday, May 21<sup>st</sup> at 10:00 p.m. CDT**

**For further information regarding the clinic phone 204-229-2334**

**For further information regarding the registration service:**

Contact Gina Ostroman at [g.ostroman@goto-enter.com](mailto:g.ostroman@goto-enter.com) or phone.  
In Winnipeg and surrounding areas phone 444-GoTo (4686)  
Long distance callers phone toll free 1-866-444-GoTo (4686)

A declined credit card, telephone or Internet banking payment shall be considered non-payment of registration fees and will result in the cancellation of your appointment. There will be a \$20.00 fee charged on all returned items; 2% per month on overdue amounts.

# EYE CLINIC

**With Dr. Bruce H. Grahn, D.V.M.,**

Diplomate ABVP, ACVO  
Professor Ophthalmology

Department of Veterinary Internal Medicine  
Western College of Veterinary Medicine  
University of Saskatchewan

Held at **Red River Community College**  
Winnipeg, Manitoba, Canada

**Saturday & Sunday  
May 31 & June 1, 2008**

**Registrations accepted until the clinic is full. We request that  
you register by Wednesday, May 21<sup>st</sup> at 10:00 p.m. CDT**

**Register early as there are limited appointments available!!!**

- Clinical exams available for dogs, cats, rabbits and horses.
- CERF - Canine Eye Registry Foundation exam.
- Register by mail, fax, phone, on-line or e-mail.
- Visa, MasterCard, Discover Card, Diners Club, American Express, Direct Payment, certified cheques or money orders accepted.

**FOR FURTHER INFORMATION REGARDING  
THE CLINIC, PLEASE PHONE 204-229-2334**

## G.o.T.o. OUR EYE CLINIC REGISTRATION SERVICE

**!!! PLEASE NOTE !!! DO NOT FAX THIS PAGE OF THE FLYER !!!**  
**IF FAXING, CUT SHEET TO SIZE OF FORM AND PLACE SIDEWAYS TO FAX!!!**

### REGISTRATION PROCESS

Step 1) Choose method of registration.

- Register on-line, by e-mail, fax, phone or by mail.
- Please note: Credit card information need not be entered on-line.
- Information regarding the methods of registration and payment options can be found on the back cover of this brochure.

Step 2) Complete owner information.

Step 3) Select examination type and indicate preferred date and time of appointment.

- Clinical exams are for all dogs that have an eye problem or suspected eye problem and require an examination.
- CERF is to be selected by breeders performing a Canine Eye Registry Foundation scan for genetic screening.
- For further information regarding the exams / CERF, please phone 204-229-2334

Step 4) Complete pet information for the **appropriate section only** (clinical exam **-or-** CERF).

Step 5) Select form of payment, provide the appropriate information and follow instructions.

- Payment **must be** made at time of registration.
- On-line, e-mail, fax and phone registrations **must be** paid by credit card or Direct Payment at time of registration. Credit card information may be supplied by phone.
- Registration forms sent by mail **must be accompanied** by a **certified cheque or money order**.

#### IMPORTANT INFORMATION:

- No substitutions allowed.
- Minimum \$3.50 service charge when using the registration service.
- Minimum \$3.50 service charge per cancellation.
- No refunds for cancellations after Wednesday, May 28<sup>th</sup> at 9:00 p.m. CDT.

### TIME AND LOCATION

You will be **contacted between May 24<sup>th</sup> and 28<sup>th</sup>** regarding the date and time of your appointment. Only those with paid registrations will be contacted. All appointments will be at the following location:

Red River Community College      2055 Notre Dame Ave. Rm AB69      Winnipeg, Manitoba

**DIRECTIONS:** Enter via the main entrance to Red River College (this is a bus loop)  
While in the bus loop turn right into the parking lot  
Park in this parking lot  
Walk towards children's play structure and enter building  
Turn right and proceed downstairs  
Enter room AB69 - Animal Health Technology Center  
There will be signs posted.

VISIT US AT [WWW.GOTO-ENTER.COM](http://WWW.GOTO-ENTER.COM)

## REGISTRATION FORM - CEC0805

Fax page \_\_\_ of \_\_\_      10 digit code \_\_\_\_\_ (From advertisement) OPTIONAL

### OWNER INFORMATION

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_  
Phone (     )     -     Postal Code \_\_\_\_\_  
E-Mail \_\_\_\_\_

### SELECT ONE (AND FILL OUT APPROPRIATE SECTION)

- \$230.00 Exam - Horse (Fill out section A)  
 \$115.00 Exam - Dog / Cat / Rabbit (Circle one) (Fill out section A)  
 \$37.00 CERF - First Dog examined (Fill out section B)  
 \$28.00 CERF - Additional Dog examined (Fill out section B)

Preferred date? 31 or 1 (Circle one) Preferred time? a.m. or p.m. (Circle one)

### EITHER FILL OUT SECTION A) INFORMATION REQUIRED FOR EXAM

Name \_\_\_\_\_  
Breed \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_  
Veterinarian's Name \_\_\_\_\_  
Veterinarian's Clinic \_\_\_\_\_  
Has Dr. Grahn seen your pet previously? Yes or No (Circle one)  
If yes, previous diagnosis: \_\_\_\_\_

### OR FILL OUT SECTION B) INFORMATION REQUIRED FOR CERF

Registered Name \_\_\_\_\_  
CKC Registration # \_\_\_\_\_ Sex \_\_\_\_\_  
Tattoo or Microchip # \_\_\_\_\_ Birth Date \_\_\_\_\_  
Breed \_\_\_\_\_ Coat Color \_\_\_\_\_

### PAYMENT INFORMATION (REQUIRED AT TIME OF REGISTRATION)

Certified Cheque__	Money Order__
Direct Payment__	G.o.T.o. Account # _____ [Add 7%]
Credit Card: Visa__ MasterCard__ Discover Card__ Diners Club__ American Express__	
Card # _____	Expiry ____ / ____
Name of Card Holder (Please Print) _____	
Signature of Card Holder _____	[10% added by G.o.T.o.]

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