

SPARK 2010 HEALTH CLINIC Registration Form

Pre Register with Payment in Full by April 15, 2010

Please print out, complete & submit form with payment

NAME: _____ Co Owner: _____

PHONE _____ EMAIL: _____

ADDRESS: _____

DOG'S REG NAME: _____

DATE OF BIRTH: _____ SEX (circle one): Male Female

BREED: _____

AKC REGISTRATION #: _____ MICROCHIP # _____

SIRE Registration # _____ DAM Registration # _____

PREVIOUS OFA OR CERF APPLICATION NUMBER, IF ANY:

CARDIAC#: _____

CERF#: _____

• Microchip, HomeAgain \$35 \$35.00 X ___ # of dogs = \$_____
(includes registration fee)

• Cardiac = Auscultation: \$40 \$40.00 X ___ # of dogs = \$_____
(registration of results require separate fees paid by owner)

• Cardiac = Echocardiogram: \$180 \$180.00 X ___ # of dogs = \$_____
(registration of results require separate fees paid by owner)

• C.E.R.F. Evaluation: \$40 \$40.00 X ___ # of dogs = \$_____
(registration of results require separate fees paid by owner)

TOTAL \$ _____.

Make checks payable to: **SPARK ROTTWEILER KLUB, INC.**

Please include this completed form, a copy of your AKC registration papers, and payment (if paid online provide a copy of your receipt) **and mail to:**

Samantha Canuso, 2675 Shady Lane, Lansdale, PA 19446

Questions? Samantha Canuso, 610-639-4066 or workingrott@yahoo.com . There will be a \$40 charge for any returned checks.