

# CERF EYE CLINIC

*Saturday, August 7, 2010*

*Beginning at 9:00 am at the show site*

**DR BEN JOHNSON, DVM  
Animal Eye Associates, St Louis MO**

Dog's Registration Number, Birth Date & Registered Name Required!

**\$25.00 pre-registered fee  
if postmarked by July 24, 2010**

or

**\$30.00 day of show**

**CONTACT INFORMATION:**

**BRYAN HELVEY**

312 S Carbon, Marion IL 62959

(618) 977-1384 • [bryanjudd@hotmail.com](mailto:bryanjudd@hotmail.com)



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(cut on dotted line)

## **EYE CLINIC REGISTRATION FORM**

*MAIL TO BRYAN HELVEY AT ABOVE ADDRESS*

*MAKE CHECKS PAYABLE TO CRAB ORCHARD KENNEL CLUB, INC.*

OWNER'S NAME .....

ADDRESS.....  
.....

PHONE .....EMAIL.....

BREED.....

DOG'S NAME .....

AKC # .....

# OF DOGS TO BE CERFed.....

\* Stop by CERF booth early to schedule an approximate time

\*May be cancelled and fees refunded for lack of interest

\*Pre-register if possible