



SCA 2016 Health Clinic Registration Form

Friday, October 14, 2016

Eye Clinic (prefer	AM	PM)	\$20.00/Samoyed	\$35.00/ Other Breeds
Cardiac Clinic (prefer	AM	PM)	\$35.00 / Samoyed Auscultation	\$195.00/ Samoyed Echocardiogram
			\$45.00 / Other Breeds Auscultation	\$210.00/ Other Breeds Echocardiogram
Optigen Collection (discount code will be sent when registered for event) (pre-register on optigen.com)			Cheek Swab (no charge)	Blood Draw \$10.00
DNA Collection			Dog will participate	Dog will not participate
AKC or CKC Registered name:				
Call Name:				
Registration number:				
Other registry name:				
Other registry #:				
Other Registry: (i.e.: CKC, etc.)				
Breed:			Samoyed	Other: _____
Sex:			Male	Female
Date of Birth (month-day-year):				
Permanent ID Number (if any – required for CHIC):			Tattoo #:	Microchip #:
Registration name of sire:				
Registration number of sire:				
Registration name of dam:				
Registration number of dam:				
Owner name:				
Mailing Address:				
City:				
State:				
Zip/postal code:				
Phone:				
E-mail:				
Co-Owner name:				
Mailing address:				
City:				
State:				
Zip/postal code:				
Phone:				
E-mail:				

Please pay via PayPal email completed document to CascadeSamoyeds@aol.com or mail with payment to

SCA 2016 Health Clinics
c/o Cheri Hollenback
8811 W Riverview Drive
Coeur d'Alene, ID 83814

Note that your browser may not support the "Submit Form" button. If it does not, please save and email the form.