PRE-REGISTRATION FORM

Owner's name: _		
Address:		
	State: Zip:	
Home phone:	Cell phone:	
Email:		
	Breed:	
Are you showing	on the day of the clinic?	yesno
Testing:	Eye clinic (\$45)	BAER clinic (\$70)
	Auscultation (\$50)	Echocardiogram (\$285)
	Total encl	osed:
Pre-regi	strations must be recei	ved by <u>March 5, 2023</u>
<u>Mail cor</u>	npleted registration wit	h check made payable to:
	Celtic Classic Dog	Shows:
Attn: Carolyn Vac	k, 3043 W. Meadowview	Drive, Gordonville, PA 17529
******	********	**********
	PRE-REGISTRATI	ON FORM
Owner's name: _		
		e: Zip:
Home phone:	Cell phone:	
Email:		
		Breed:
Are you showing	on the day of the clinic?	yesno
Testing:	Eye clinic (\$45)	BAER clinic (\$70)
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Mail completed registration with check made payable to:

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Attn: Carolyn Vack, 3043 W. Meadowview Drive, Gordonville, PA 17529