

## CERF Clinic Pre-registration Form

Dog's Registered Name: \_\_\_\_\_ Dog/Bitch: \_\_\_\_\_

Dog's AKC Registration Number: \_\_\_\_\_ Dog's DOB: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Detach the CERF Clinic Pre-registration and send to:

Vicki Kelly  
9813 Timber Trail  
Edmond, Oklahoma 73034

***Payments may be made the day of the event. Pre-registrants will receive priority on the day of the clinic.***

