

PRE-REGISTRATION FORM

Owner's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Dog's call name: _____ Breed: _____

Are you showing on the day of the clinic? _____ yes _____ no

Testing: _____ Eye clinic (\$45) _____ BAER clinic (\$50)

_____ Echocardiogram (\$250) _____ Auscultation (\$45)

Total enclosed: _____

Pre-registrations must be received by March 4, 2020

Mail completed form with check Payable to Celtic Classic Dog shows
CO: Carolyn Vack, 3043 W. Meadowview Drive, Gordonville, PA 17529

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