



YANKEE GOLDEN RETRIEVER CLUB EYE SCREENING CLINIC
for
CATARACT & PROGRESSIVE RETINAL ATROPHY

SUNDAY, May 16, 2010

10:00 AM - 1:00 PM
1:30- 4:30 PM

Bulger Animal Hospital
247 Chickering Road
North Andover, MA 01845

EXAMINATIONS BY
Dr. Ruth Marrion, D.V.M., Ph.D.
Diplomate, American College of Veterinary Ophthalmologists

THANKS to Bulger Animal Hospital for donating the use of their clinic.

PLEASE BE VERY RESPECTFUL OF THE BULGER ANIMAL HOSPITAL FACILITY, AND GROUNDS. PLEASE PARK TO THE RIGHT OF AND IN FRONT OF THE BUILDING, LEAVING SOME PARKING NEAR THE EMERGENCY ENTRANCE LOCATED ON THE LEFT OF THE BUILDING. **PICK UP AFTER YOUR DOG(S)! THERE IS NO EXCUSE IN THIS ERA OF EVER-SHRINKING VENUES AND EVER-INCREASING RULES AGAINST DOGS.**

GENERAL INFORMATION

Goldens younger than 3 years of age should be checked for hereditary cataracts and PRA every 6 months. Dogs 3 years or older should be checked annually. Goldens cleared at 8 years of age do not have to be re-examined.

Preference is given to Golden Retrievers, but other breeds are welcome if space is available.

CERTIFICATES OF CLEARANCE ON DOGS UNDER 8 YEARS OF AGE ARE VALID FOR ONLY 1 YEAR FROM DATE OF ISSUE.

Please keep in mind when stating a preferred time that staying "exactly on time" is sometimes difficult. Eye drops to dilate the pupils and aid in examination will be administered 20 minutes prior to the examination. **Note: Each examination takes approximately 5 minutes.**

Confirmation of your appointment time will be *e-mailed* to you the week of May 10. Driving directions will be enclosed. Bitches in season may attend.

REMEMBER: You need to have your dog'(s)' AKC information!

Examination fees: Yankee members - \$30 per dog; Non-members and Newsletter subscribers - \$35 per dog.



SPRING 2010 EYE CLINIC

REQUEST FOR APPOINTMENT

(Deadline for appointments: May 10, 2010)

Preference is given to Golden Retrievers, but other breeds are welcome, if space is available.

PLEASE PRINT CLEARLY

Name _____

Address _____

Telephone _____ Yankee Member _____ Non-member _____

Email _____

Examination time preferred (20 minutes following eye drops) _____

Name(s) of Dog(s) _____ (Attach a separate sheet if needed)

Breed(s) _____ Amount Enclosed _____

(Please detach form before mailing and keep information noted below)

**CONFIRMATION OF YOUR APPOINTMENT TIME WILL BE SENT TO YOU BY E-MAIL
THE WEEK OF MAY 10th.**

Please email Sunnyglengoldens@gmail.com or call 781-249-0934 on or after May 13, if you have not yet heard from us regarding your appointment confirmation.

Send appointment request and payment to:

**Theresa Strelau
14 Lake Shore Dr.
Arlington, MA 02474**

Examination fee: Members - \$30.00 per dog; Non-members - \$35.00 per dog

Make checks payable to: Yankee Golden Retriever Club or YGRC.

Payment must accompany Request for Appointment

Examination fees will be returned if appointment is canceled by May 10, 2010.