

**PLEASE NOTE NEW EMAIL ADDRESS TO SUBMIT**

**REGISTRATION FORM [FTNEWFIES1@AOL.COM](mailto:FTNEWFIES1@AOL.COM)**

**MID-FLORIDA GOLDEN RETRIEVER CLUB**

**CANINE HEART & EYE CLINIC**

**May 2, 2026**

Hosted by the Mid Florida Golden Retriever Club

Date: May 2, 2026

Time: 8 am – 5 pm

Pre-registration closes April 22, 2026

Register early. Space is limited. No walk-ins or refunds.

Maggie Lamy, DVM, DACVIM – Cardiology

Dennis Brooks, DVM, ACVO

Marion Alachua Dog Training Association 6600 NW 3<sup>rd</sup> Place, Ocala, FL

Fee:	CAER Eye Exam	MFGRC Members - \$47	Non-Members - \$52
	Heart Exam – Echocardiogram	MFGRC Members - \$300	Non-Members - \$335
	Auscultation Exam Only	MFGRC Members - \$90	Non-Members - \$95

Please make checks payable to MFGRC and mail with completed form to:

**Ann Moye, 3610 Willow Lake Ct, St. Cloud, FL 34769**

Address Zelle payments to [mfgRCTreasurer112011@gmail.com](mailto:mfgRCTreasurer112011@gmail.com)

When paying via Zelle, please email completed registration form to [ftnewfies1@aol.com](mailto:ftnewfies1@aol.com)

and indicate the amount paid via Zelle

You can write one check to the Mid-Florida Golden Retriever Club for all tests.

Mid-Florida Heart & Eye Clinic Registration Form

Please make checks payable to MFGRC and mail with completed form to:

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

# Dog Eye Exams \_\_\_\_\_ Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

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Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

# DOG AUSCULTATION \_\_\_\_\_ Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

# DOG ECHO \_\_\_\_\_ Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

AMOUNT ENCLOSED: \_\_\_\_\_ CHECK # \_\_\_\_\_ ZELLE PYMNT \$ \_\_\_\_\_ Date Sent: \_\_\_\_\_