

**CAVALIER KING CHARLES SPANIEL CLUB OF CANADA**  
HEALTH & EDUCATION COMMITTEE  
Low Cost MRI Clinic

**APPLICATION FORM**

This is the application form for the low cost MRI clinic. The MRI's will be conducted at Matheson Boulevard Veterinary Services in Mississauga Ontario. At this time this clinic is available to breeding dogs only. Owners must be members of the Cavalier King Charles Spaniel Club of Canada.

Dogs must have a blood panel completed no more than 2 weeks before undergoing their MRI. For more information regarding this please speak to Mary Beth directly. You must also bring a copy of their registration, and pedigree at the time of the appointment.

**Name of Owner:** \_\_\_\_\_

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

**Phone Number(s):**      **Home:** \_\_\_\_\_      **Cell:** \_\_\_\_\_

**Registered Name of Dog:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_      **Tattoo/Microchip No:** \_\_\_\_\_

**Call Name:** \_\_\_\_\_      **Sex:**    **M:** \_\_\_\_\_    **F:** \_\_\_\_\_

**Colour:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_

**Registered Name of Dog's Dam:** \_\_\_\_\_

**Registered Name of Dog's Sire:** \_\_\_\_\_

**Pedigree Attached to Application: Yes:** \_\_\_\_\_      **No:** \_\_\_\_\_

**Additional comments regarding Cavalier participant:**

**Name of Veterinarian:** \_\_\_\_\_

**Veterinary Clinic Phone #:** \_\_\_\_\_      **Clinic Fax #:** \_\_\_\_\_

**CONSENT:** By way of signature below, I acknowledge that I will be required to sign a Consent Form at the time of MRI screening at Matheson Boulevard Veterinary Services.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

**PLEASE RETURN TO:**

**Mary Beth Squirrell**  
408 Ontario Street South  
Milton, ON  
L9T 2N1  
905-636-1421

**Or email: mesquirrell@gmail.com**