



**West Highland White Terrier
Club of America
2011 National Specialty
CERF Eye Clinic**

What: CERF Eye Clinic
 Where: Kimberton Fire Company Fairgrounds, Kimberton, PA
 When: Saturday, October 8, 2011, from 2:00 pm to 5:00 pm

The WHWTCA's Health Committee is proud to announce a CERF eye clinic in conjunction with the club's National Specialty. The cost per Westie is only \$15 for WHWTCA members as the WHWTCA will subsidize the \$30 fee. Members of the Board of Directors and the Health Committee are proud to be able to offer this service to club members at such a nominal fee. The fee for non-WHWTCA members is \$30.

The CERF exam is one of the three health clearances needed to have your Westie assigned a CHIC number from the Canine Health Information Center. Again, the three things that we have recommended testing are patellas for luxating patellas; eyes for cataracts or other ocular diseases; and hips against hip dysplasia and Legg Calves Perthes.

For more information, please contact:

Kay McGuire, DVM, Chair
 WHWTCA Health Committee
 Email: kmcscash@aol.com

Note: Examinations are by appointment. We should be able to accommodate some "walk-ins" but highly recommend early registration to avoid disappointment.

Official WHWTCA CERF Clinic Form

**West Highland White Terrier Club of America
Centennial National Specialty
CERF EYE CLINIC**

Saturday, October 8, 2011

Kimberton Fire Company Fairgrounds, Kimberton, Pennsylvania

Examination Fee: \$15.00 (WHWTCA member) \$30 (non-member)

Appointments reservations close at 6:00 pm on September 20, 2011 at the CERF Clinic Registrar's address.

Mail Form with Fee to: Nancy Stolsmark, 22421 N. 89th Ave., Peoria, AZ 85383, email: livlafluv2000@aol.com

Make Checks or Money Orders Payable to: WHWTCA

All fees must be payable in U.S. Funds.

I Enclose \$ _____ for entry fees.

(Please Print)

Breed: Limited to West Highland White Terriers	Date of Birth	Sex
Name Of Westie		
AKC Reg No:		
ID # (<input type="checkbox"/> Microchip or <input type="checkbox"/> DNA):		
Actual Owners		
Owner's Address		
City	State	ZIP
Telephone		
E-mail		

You may pay by check, money order or credit card. Make checks or money orders payable to WHWTCA. A \$25.00 charge will be made for all returned checks. All checks must be in US Funds and drawn on banks with an USA address. Any other foreign checks, money orders, etc., must include an additional \$12.00 bank service exchange fee.

Please charge to my credit card (specify): Visa MasterCard

Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Signature: _____

Cardholder's address: _____