



HEALTH FAIR - OCTOBER 21 - 1pm to 5pm

PLEASE TYPE OR PRINT LEGIBLY – PREENTRY DEADLINE 10/8/10					
Owner's Name					
Address					
Phone					
Email Address					
Dog's Reg. Name					
Reg. Number					
Breed					
Date Of Birth					
Test(s) Requesting					
Testing Time Requested (circle)	1:00	1:30	2:00	2:30	
	3:00	3:30	4:00	4:30	
Amount Enclosed	\$				

CHECKS PAYABLE TO: BCSA

MAIL TO: Lisa McWilliams – 4121 Sherman Church Ave, SW – Canton, OH 44706