Cavalier King Charles Spaniel Club MRI Scanning Day

Owner's name: …….. Date booked for scan: ……

Address: …….. Time booked: ……

……..

……..

Postcode: ……..

Home Tel No: …… Mobile No: …… (contact No for day)

Your Veterinary Surgeon: Name: ……..

Address: ……..

……..

Tel No: ……..

Owner to bring: **YES/NO**

NB: WE WILL REQUIRE WRITTEN AUTHORISATION TO PROVIDE THE RESULTS OF CHIARI SCREENING TO A NAMED AGENT, ALTERNATIVELY AT A CHARGE OF £10.00 (TO BE PAID IN ADVANCE) THE RESULTS CAN BE SENT DIRECTLY TO THE OWNER. FOR HEART TESTING, OWNERS MUST BE PRESENT, BRING THEIR KC REGISTRATION DOCUMENTS AND PROVIDE NAME AND ADDRESS OF THEIR VETERINARY SURGEON

1st Dog

KC Registered Name: ……

KC Registration No: ……..

Pet Name: ……..

Date of Birth: …… Sex: ……

Colour: ……

Microchip No / Tattoo: (mandatory) ……..

Does dog need microchipping on day? YES / NO

Heart Test required: YES / NO BAER Test required: YES / NO

Any recent veterinary treatment? ……..

Any clinical condition that we should be aware of (eg cardiac)? ……

2nd Dog

KC Registered Name: ……

KC Registration No: ……..

Pet Name: ……..

Date of Birth: …… Sex: ……

Colour: ……

Microchip No / Tattoo: (mandatory) ……

Does dog need microchipping on day? YES / NO

Heart Test required: YES / NO BAER Test required: YES / NO

Any recent veterinary treatment? ……..

Any clinical condition that we should be aware of (eg cardiac)?……

Please complete in FULL and SEND to: Melanie Byron, Head Receptionist, ChesterGates Referral Hospital, Unit F, Telford Court, ChesterGates, Chester CH1 6LT Tel: 01244 853823 Fax: 01244 853 824 EMAIL to:mel.cgrh@btconnect.com

ChesterGates Referral Hospital must receive all the details at least 7 working days before the scanning day