



**West Highland White Terrier
Club of America
National Specialty**

CERF Eye Clinic

What: CERF Eye Clinic
 Where: Kimberton Fire Company Fairgrounds, Kimberton, PA
 When: Saturday, October 9, 2010, 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 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 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
 21511 Forest Vista Dr.
 Humble, TX 77338
 Email: kmccash@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 9, 2010

Kimberton Fire Company Fairgrounds, Kimberton, Pennsylvania

Examination Fee: \$15.00
Appointments reservations close at 6:00 pm on September 20, 2010 at the Health Committee Chair's address.

Mail Form with Fee to: Kay McGuire, DVM, 21511 Forest Vista Dr., Humble, TX 77338

Make Checks or Money Orders Payable to: WHWTCA
 All fees must be payable in U.S. Funds.

(Please Print) I Enclose \$ _____ for entry fees.

Breed: _____ 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: _____