



The Cavalier King Charles Spaniel Club  
of Greater Houston, Inc.

**2026 OFA All Breed Health Clinic**

**Saturday, January 31, 2026**

**10:00 a.m. – 2:00 p.m.**

**Gulf Coast Animal Eye Clinic, 1551-V Campbell Road, Houston, Texas 77055**

**EYE CLINIC:** Dr. J. F. Swanson, board certified ophthalmologist, will examine for hereditary eye defects and complete OFA CAER forms. Cost: \$45.00 per exam.

**HEART CLINIC:** Dr. Jenifer Lunney, board certified cardiologist, will conduct basic cardiac exams (auscultation only) to detect heart murmurs and complete OFA forms. Cost: \$50.00 per exam.

**KNEE CLINIC:** Dr. Max Banwell, board certified orthopedic surgeon, will conduct patellar luxation exams and complete OFA forms. Cost: \$50.00 per exam.

**After January 21, 2026, late registration fees apply.** The eye clinic will be \$50.00 per exam, the heart clinic will be \$55.00 per exam, and the knee clinic will be \$55.00 per exam.

**Preregistration and appointments are required for all services. Payment is due in full when an appointment is requested. No appointment will be scheduled unless and until the registration form is completed and returned. \*\*\*Reactive, aggressive, bite-prone dogs CANNOT and will not be accommodated at this clinic.\*\*\***

Payments may be made online at: <https://www.zeffy.com/en-US/ticketing/2026-ckcscgh-ofa-all-breed-health-clinic>

Cheques should be made payable to “CKCSC of Greater Houston, Inc.” and mailed to the address below:

**CKCSC of Greater Houston, Inc.  
c/o M. Nicole Morrison, 4126 Gramercy Street, Houston, Texas 77025-1111**

You may download the required registration form on the 2026 Health Clinic page on [ckcscgh.com](http://ckcscgh.com). Alternatively, you may e-mail M. Nicole Morrison at [ckcsmommy@yahoo.com](mailto:ckcsmommy@yahoo.com) or call her at 281-932-2807 to obtain this form. **\*\*\*Please DO NOT CALL Gulf Coast Animal Eye Clinic directly.\*\*\***

**Before the clinic, our volunteers will prepare all of your OFA forms based on the information you provide on your registration forms. You will be contacted with your confirmed appointment time(s) once the schedule is set, approximately one week before the clinic. All you will need to do is come to the clinic with your dogs!**

## 2026 CKCSCGH ALL BREED HEALTH CLINIC REGISTRATION FORM

The following information is required for each dog before your appointment will be confirmed.  
\*\*\*Please e-mail one completed form per dog to [ckcsmommy@yahoo.com](mailto:ckcsmommy@yahoo.com).\*\*\* If you need assistance in completing this form, please contact Health Clinic Chair M. Nicole Morrison at [ckcsmommy@yahoo.com](mailto:ckcsmommy@yahoo.com) or 281-932-2807.

AKC registration number (if any)\_\_\_\_\_

Previous/other registration number (if any)\_\_\_\_\_

Registered name\_\_\_\_\_

Call name\_\_\_\_\_

Breed\_\_\_\_\_

Permanent ID number (microchip) (if any)\_\_\_\_\_

Sex\_\_\_\_\_ Color\_\_\_\_\_ Date of birth\_\_\_\_\_

Registry and registration number of sire\_\_\_\_\_

Registry and registration number of dam\_\_\_\_\_

Name of primary owner\_\_\_\_\_

Name(s) of co-owner(s)\_\_\_\_\_

Primary owner mailing address\_\_\_\_\_

Primary owner e-mail address\_\_\_\_\_

Primary owner telephone number\_\_\_\_\_

Tests requested\_\_\_\_\_

***CKCSC of Greater Houston***

*M. Nicole Morrison, Health Clinic Chair, 4126 Gramercy Street, Houston, Texas 77025-1111*  
*[ckcsmommy@yahoo.com](mailto:ckcsmommy@yahoo.com) 281-932-2807*