

Veterinary ENT Seminar

DATE

June 13 – 2026

8:00am – 5:00pm

(Registration at 8:00am)

LOCATION

University of Victoria

3800 Finnerty Rd

Victoria BC Canada



University
of Victoria

CE CREDITS

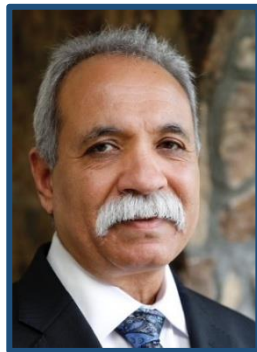
Saturday Lecture = 7 hrs

FEES

Lecture Fee: \$350

- plus tax

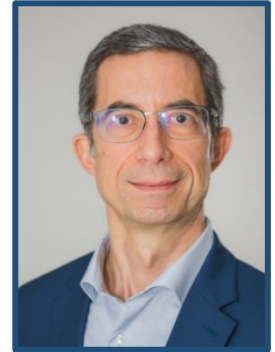
- Lunch and coffee included in registration.



Munir Kureshi
DVM



Mike Canfield
DVM, DACVD



David Sarment
DDS, MS

Schedule

Saturday June 13th, 2026

Lectures:

8:00 – 8:30 Registration - coffee available

8:45 – 9:00 Introduction to vENT (Veterinary ear nose and throat)

9:00 – 9:50 Anatomy of the Ear in Health and Disease

10:00 – 10:50 CBCT Basics and Imaging of the Ear and Nasal Passages

11:10 – 12:00 Video Endoscopy of the Ear

12:00 – 1:00 Catered lunch in the foyer

1:00 – 1:50 Co2 laser surgeries for the palate and nares

2:00 – 2:50 Common Ear Diseases of the dog and cat

3:00 – 5:00 All speaker panel

Cases involving the ear, nose and throat including how dental disease affects the eye, ears, nose and throat.

- Attendees are encouraged to submit their own cases for discussion to David.sarment@xorantech.com (submit by June 1st)

Seminar Registration Form
Veterinary ENT Lectures
June 13th, 2026

To register, scan and email the signed form to Linda at referrals@deanparkpet.com
The Seminar is located at the University of Victoria, 3800 Finnerty Rd Victoria, B.C.,
Canada, in the Bob Wright Centre (BWC). Linda can be reached at 1-250-656-9911 or
by email for further information if required.

Saturday Lectures (7 hrs CE)

\$350.00 CAD

add 5% tax

Get in on the inaugural meeting of the North American vENT group.

First Name: _____ **Last Name:** _____

Practice Name: _____

Phone Number: (____) _____ **Cell Number:** (____) _____

Address: _____ **City/Town:** _____ **Postal Code:** _____

Personal Email Address: _____

(The email provided will be used for communication regarding the seminar)

Dietary Concerns: _____

Method of Payment:

Visa Mastercard Cheque (Payable to Dean Park Pet
Hospital)

Total enclosed: \$367.50

Name on Credit Card _____ **cardholder email** _____

Credit Card Number _____

Expiry Date (mm/yy) _____ **CVV code:** _ _ _

Signature: _____

Your attendance will be confirmed once payment is received.