



New Client Registration Welcome!

The purpose of this form is to obtain the relevant personal information about you and your pet(s) necessary for our office to provide the required services today and in the future. Please feel free to discuss any questions or concerns you may have regarding this requirement with our staff at any time.

Name of Owner(s): _____

Address: _____

City: _____ Postal Code: _____

Phone(Cell,Home,Work): _____ (Cell,Home,Work): _____

Email: _____

By signing this client privacy consent form you hereby authorize the veterinarian to examine, prescribe for and/or treat your pet(s) and you assume responsibility for all charges incurred with the care of this animal. This also means that you understand that these charges will be paid prior to the discharge of your pet(s) and that a deposit may be required for some surgical procedures.

The **Range Road Veterinary Clinic** protects your information in accordance with the Alberta Personal Information Protection Act. The personal information you have provided to us will not be shared without your written consent unless it pertains directly to necessary services required for your pet(s) such as transfer to emergency care or further diagnostic tests.

As a new client to the **Range Road Veterinary Clinic** we want you to know that our goal is to provide every option for the best care of your pet. We want you to have options so you can choose what is best for your family. We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

ALL PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED.

Please indicate choice of payments so we can best assist you at checkout:

Cash/Check Debit Credit Card (VISA, MC, AMEX) Insurance

I have read and understood the above statements and in signing this have agreed to the **Range Road Veterinary Clinic** collecting, using and disclosing the personal information provided and indicated.

Signature: _____ Date: _____

Printed Name: _____

How did you hear about us? Google / Sign / Flyer / Facebook / Other / Referral

If Referral who can we thank? _____

Previous Veterinary Clinic: _____

_____ I authorize pictures of my pets to be taken and displayed on the Clinic webpage, facebook page and instagram. Medical pictures will never be shared.

Please provide the requested information for your pet(s) below.

Pet's Name: _____ Male / Neutered - Female / Spayed
Age(mm/dd/yy or approx.): _____ Canine / Feline / Other _____
Breed: _____ Color: _____

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