



Thank you for choosing us for your veterinary care needs!
Please fill out this form to help us open an account for you.

First Name	
Last Name	
Company Name	
Email Address	
Mailing Address	
Physical Address (if applicable)	
Home phone number	
Mobile phone number	
Work phone number	
Secondary contact - First Name	
Secondary contact - Last Name	
Secondary contact - email address	
Secondary contact phone number	

Please indicate your contact preferences for each communication type:

Phone	Email	Mail	Do not contact	COMMUNICATION TYPE:
				Account invoices / statements
				Patient recalls & reminders
				Account or patient information updates
				Appointment reminders
				Event invitations

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 Email - info@neepawavet.ca