



# Albert North Veterinary Clinic

216 McIntyre St. Regina, SK S4R 2L8  
Telephone: 306-545-7211 Fax: 306-545-7219



## New Client Form – Beekeepers of Saskatchewan

**Date:** \_\_\_\_\_

### **Client Information:**

Name: \_\_\_\_\_ Significant other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Significant other's work/cell: \_\_\_\_\_

### **Premise Identification Number (PID):**

\_\_\_\_\_

**Number of Colonies:** \_\_\_\_\_

### **Disease Control Actions:**

Please provide the actions taken over the past 12 months:

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In accordance with the SVMA bylaws regarding confidentiality of patient medical records, a written consent is required to release information to any requested person, business (grooming/boarding kennel), or veterinary facility. By signing below, I hereby certify I am the authorized owner/agent of all animal(s) in my file and authorize ANVC to release my animal(s)' medical records as necessary.

Signature of owner/agent \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_