



Albert North Veterinary Clinic

219 Albert St. N. Regina, SK S4R 3C2
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:

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 _____