

Thank you for being a valued client! We want to make sure that we keep your account up to date with current information. Please fill in this form to help us keep you informed!

First Name	
Last Name	
Company Name	
Email Address	
Mailing Address	
Physical Address (if applicable)	
Primary phone number	
Secondary phone number	
Alternate contact - First Name	
Alternate contact - Last Name	
Alternate contact phone number	
Alternate contact - email address	

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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