NEW CLIENT FORM

CLIENT INFORMATION

FIRST NAME_____ LAST NAME_____

FARM NAME_____

ADDRESS _____

CITY_____ PROVINCE_____ POSTAL CODE _____

PHONE_____ FAX_____

MOBILE_____EMAIL_____

FARM TYPE   □ DAIRY number of milk cows_____
             □ COW CALF number of cows_____
             □ FEEDLOT annual placements_____

VETERINARIAN_____

BILLING INFORMATION   □ VISA   □ MC   #_____ Expiry_____

RETURN FORM BY

FAX   403-328-7260

Sunny South
Veterinary Services Ltd.