

WCVM VETERINARY CLINIC IN LA RONGE: September 6th – 8th, 2019 AT JRMCC

SERVICE LEARNING PROGRAM

CASE STICKER HERE

Western College of Veterinary Medicine
52 Campus Drive
Saskatoon, SK S7N 5B4
P: 306-966-7126
wcvmservicelearning@gmail.com

CLIENT INFORMATION:

Owner Name: _____ Home Ph: _____

Cell Ph: _____ Mailing Address: _____

Email: _____ Street Address: _____

Alternate Contact: _____ Ph: _____

Family Veterinarian(circle): Yes No

If Yes, Name of Clinic:

PET INFORMATION (Please answer honestly and accurately):

Pet's Name: _____ Cat or Dog: _____

DOB: _____ Breed: _____ Color: _____

Weight: _____ Sex: Male or Female

Is your pet currently Fixed? Yes No Is your pet Licensed? No Yes

License Number: _____ and community (Circle one): LLRIB Air Ronge La Ronge

How long have you owned this pet? _____

Has your pet been sick recently (any major illnesses, injuries?) Please Explain:

Date of most recent vaccinations? _____ Dewormed in last 6 months? _____

Aggressive towards other animals? Yes No Humans? Yes No

- Please register for **either the spay/neuter clinic or the vet clinic**. Please note that the vet clinic provides a basic health check of the animal and vaccinations/dewormer if required. You may be referred to contact a veterinarian down south for more specific treatment if required.
Vaccinations and dewormer will only be provided to animals receiving a vet check or having surgery.

Spay/Neuter Clinic - Circle what is required:

CAT FEMALE Spay \$130 DOG FEMALE Spay \$150

CAT MALE Neuter \$100 DOG MALE Neuter \$100

In **addition** to the spay/neuter procedure - will your pet require:

Vaccinations \$20 Rabies \$15 Kennel Cough Vaccination \$10

Veterinary Clinic - Circle what is required:

Vet Check - No vaccinations \$50 Vet Check + Rabies OR Core Vaccination \$65

Vet Check + Core Vaccination + Rabies \$75

*Kennel Cough Vaccination \$10 *Feline Leukemia Vaccination \$10

**Limited transportation for owners and their pets to JRMCC is available. If you think you might require transportation assistance for the clinic, please indicate your needs below:

** If you are in need of financial assistance to pay for your pet's vet fees (spay/neuter, etc) - please let us know. NAR will consider subsidy and/or payment plans for people in need (this will be done on a case by case basis). Subsidy through NAR will require pets to be licensed. Please explain if you require financial assistance:

**Have you made subsidy arrangements through the LLRIB (MUST have spoken with Councillor Ann Ratt)?

YES NO

**What day and time of day do you prefer to bring your pet in (CIRCLE ONE)?

SURGERY +/- VACCINES:

FRIDAY AFTERNOON FRIDAY EVENING SATURDAY MORNING SATURDAY EVENING

VET CHECK +/- VACCINES:

SATURDAY MORNING SATURDAY AFTERNOON SUNDAY MORNING SUNDAY AFTERNOON

If no time and date preference is given, we will schedule your animal at any available time. You will receive a confirmation call, text or email the week of the clinic event

**What is the best way to get ahold of you? Please CIRCLE ONE:

HOME PHONE CELL PHONE (CALL) CELL PHONE (TEXT)

OTHER (EXPLAIN): _____

****PLEASE NOTE – IF WE HAVE NOT CONTACTED YOU TO CONFIRM YOUR APPOINTMENT BY WEDNESDAY, SEPTEMBER 4TH, THE CLINIC IS FULL AND YOUR PET IS NOT REGISTERED*****