



Rain & Rainbows Veterinary Clinic

Unit 365 – 500 2nd Ave West

Prince Rupert BC

V8J 3T6

Reception@RainandRainbowsvet.com

Welcome to Rain & Rainbows Veterinary Clinic. We are a limited services veterinary clinic offering scheduled wellness care for your pet. Our services include healthy pet exams, vaccine visits, spay and neuter surgeries and dispensing of basic prescription medications including parasite control meds.

We do NOT offer emergency, after-hours/urgent care, dental care, nor x-rays.
You MUST contact another veterinarian for Emergency Care for your pet.
We encourage you to build/have a relationship with a vet hospital that can provide those services.
Owner/Agent Initials _____

Please print clearly

Owner First Name: _____ Owner Last Name: _____

Pronouns: She/Her He/Him They/Them Other: _____

Email: _____

Cellphone: _____ Landline: _____

Street Address: _____

Postal Code: _____

Mailing Address (if different): _____

Preferred method of contact to confirm appointments: Cell Phone Landline Text Email

Veterinary medicine often uses human medications in doses appropriate for your pets, **do YOU have any allergies to medications** we need to be aware of? _____

Is there a spouse, partner, or family member that can make financial decisions and sign paperwork for your pet that should be listed on your account? They must be 18 years of age or older. **Yes** **No**

First Name: _____ Last Name: _____

Pronouns: She/Her He/Him They/Them Other: _____

S/P/F Phone number: Cellphone: _____ Landline: _____

Please tell us how the above person is related to you so we can refer to them appropriately: _____

Personal Information: Your personal information (about you and your pet(s)) will be treated with the highest confidentiality afforded medical records. There may be times at which your information will be used to compile statistics for the use of Rain & Rainbows Veterinary Clinic or for review by associated professional support staff (internal or contracted). If required by law, Rain & Rainbows Veterinary Clinic will release your information to the appropriate authorities. Any concerns about our privacy policy can be directed to our privacy commissioner.

Social Media Release Permission: On occasion Rain & Rainbows Veterinary Clinic would like to use photos and/or video of our clients and/or their pets to post on our social media (Facebook +/- other platforms) and on our clinic website. Permission to use photos of your pet and/or you can be granted or revoked at any time by contacting the clinic.

Please **sign one** of these options

1. **Yes**, you may use photo(s) and/or video(s) of my pet(s) **without** identifying names

Signature: _____

2. **Yes**, you may use photos and/or videos of my pet(s) and myself **without** identifying names

Signature: _____

3. **Yes**, you may use photos and or videos of my pet(s) and myself **with** identifying names

Signature: _____

4. **No**, you may not use photo(s) and/or video(s) of myself and my pets for social media

Signature: _____

How did you hear about us? Facebook Newspaper Website Rescue Group Local Vet Hospital

Other Source: _____

Our Team at Rain & Rainbows Veterinary Clinic: Please be aware that our team at Rain & Rainbows Veterinary Clinic is new and our composition will be variable. We will be providing spaces for work placement volunteers, student workers (secondary school, college, and university) as well as in-house trained and/or credentialed team members. All care is provided with full veterinary oversight.

Owner's Initials _____

Working together with you, your pet(s) and other veterinary services. As a limited services clinic we must have a smooth flow of information to provide the best care for your pet. You will be responsible for providing our team with the most accurate and complete information about your pet's previous medical care (dates, treatments given, and clinic contact information such as phone numbers and email addresses). We will be responsible for forwarding records to your regular veterinarian and/or other veterinarians as your pet's care indicates. Our team will not be able to book appointments or surgical times for your pet until all the needed information is available to us.

In this time of increasing pressure on veterinary practices it is important to be mindful of our interactions with others. The College of Veterinarians of BC requires us to maintain a valid Veterinary Client Patient Relationship (VCPR) with you to be considered your pet's veterinarian. If you choose to use rude, disrespectful or dismissive actions or words with or about our team in person or online, you may be deemed to have irreparably damaged the VCPR. This will mean termination of the relationship and we will no longer be able to be your pet's veterinarian.

Owner's Initials _____

No pets in the mall. Rain & Rainbows Veterinary Clinic is located in the Rupert Square Shopping Centre. Pets and people must enter through the door directly from the parking lot.

PROFESSIONAL FEES ARE TO BE PAID FOR AT THE TIME SERVICES ARE PERFORMED

- **It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.**

We accept cash, debit card, VISA, MasterCard

I HAVE READ AND UNDERSTAND THE ABOVE. I AGREE WITH THE TERMS AND CONDITIONS INDICATED ABOVE. I HAVE INITIALED THE 3 REQUIRED SECTIONS AND SIGNED THE SOCIAL MEDIA RELEASE FORM

SIGNATURE _____ **DATE** _____

Your pets medical history is required (where applicable) before we can book your pet an appointment. If your pet has had any veterinary care in the last 6 years, please contact the last clinics and/or shelter they were seen at and please have them forward your pets medical history to Reception@RainandRainbowsVet.com

Please fill out your pet(s) information. If you have more than 2 pets please either photocopy this page or ask staff for another page.

Pet's Name: _____ Species: Dog Cat Other _____

Breed: _____ Colour/Markings: _____

DOB or Age: _____ Male Neutered Female Spayed

Length of time you have owned and/or cared for this pet: _____

Microchip # and/or Tattoo and site: _____

Reason for seeking care at Rain & Rainbows Veterinary Clinic:

Does your pet have any allergies or sensitivities to medication/vaccines that we should know about?

Pet's Name: _____ Species: Dog Cat Other _____

Breed: _____ Colour/Markings: _____

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