

**DO NOT SEND THIS FORM TO YOUR CURRENT VETERINARIAN. – RAPS WILL FORWARD THIS FORM TO YOUR VETERINARIAN AFTER RECEIVING APPROVAL BY THE COLLEGE OF VETERINARIANS OF B.C. AND THE OPENING OF THE RAPS REGIONAL ANIMAL HOSPITAL.**

**PLEASE COMPLETE THIS FORM AND SEND IT TO RAPS AT:**

13340 Smallwood Place – Suite 205, Richmond B.C. V6V 1W8 or e-mail it to [marian@rapsbc.com](mailto:marian@rapsbc.com)



**RAPS** | Regional  
Animal Hospital

## REGISTRATION FORM

**Use the form below** or download the form from the RAPS website. You will receive **an entry into the prize draw for each animal transferred** to the RAPS Regional Animal Hospital by December 31st, 2017.

I have read and agree to the [sweepstake contest rules](#) posted on the [rapsbc.com](http://rapsbc.com) website.

### Authorization to Release Veterinary Medical Records Containing Personal Information

This form is an official authorization to have my personal animal record(s) and all veterinary files moved to the Regional Animal Hospital, a subsidiary of the Regional Animal Protection Society (previously the Richmond Animal Protection Society). Please forward any and all of my personal medical records, including but not limited to X-rays, test results, quality assurance reports and any and all relevant information that may be deemed "personal information" under the Personal Information Protection and Electronic Documents Act (PIPEDA) for the following animal(s) owned by me:

Name \_\_\_\_\_ (Your Name)

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

For: \_\_\_\_\_ /(cat/dog/etc) \_\_\_\_\_ (Name of Animal)

For: \_\_\_\_\_ /(cat/dog/etc) \_\_\_\_\_ (Name of Animal)

For: \_\_\_\_\_ /(cat/dog/etc) \_\_\_\_\_ (Name of Animal)

For: \_\_\_\_\_ /(cat/dog/etc) \_\_\_\_\_ (Name of Animal)

Name of Veterinarian, Clinic or Hospital where your animal is currently treated:

Address of Clinic/Hospital \_\_\_\_\_

Name of Veterinarian Doctor \_\_\_\_\_

Phone Number of Clinic/Hospital \_\_\_\_\_

Email of Veterinarian \_\_\_\_\_

*This document, signed by me, is official authorization to please have all my files transferred as soon as possible to:*

**Regional Animal Hospital, 13340 Smallwood Place – Suite 205, Richmond B.C. V6V 1W8**

Date: \_\_\_\_\_

X \_\_\_\_\_

Signature of Animal Owner

\_\_\_\_\_ Print Name