



# Alberta SPCA Pet Memorial Program for Veterinary Clinics

## Client Information Form

If your clinic is new to the program, please contact Giselle Springfield, Donor Relations Coordinator at 780.732.3746 or [donorrelations@albertaspca.org](mailto:donorrelations@albertaspca.org) to sign up and receive your clinic ID. Please email completed forms to Giselle.

Clinic Name:

Clinic ID#:

Donation Information: *(Note: minimum donation of \$10 per client/pet, please.)*

---

### Client #1 Information:

Name(s): (full names, please)

Pet Name / Species:

Mailing Address: (please include suite if applicable)

City:

Province:

Postal Code:

---

### Client #2 Information:

Name(s): (full names, please)

Pet Name / Species:

Mailing Address: (please include suite if applicable)

City:

Province:

Postal Code:

---

### Client #3 Information:

Name(s): (full names, please)

Pet Name / Species:

Mailing Address: (please include suite if applicable)

City:

Province:

Postal Code: