

Request for Veterinary Approval

(To Be Completed by Veterinary Clinic/Hospital)

Because we rely upon the judgment and experience of the veterinarian to guide our funding decisions, we ask that each vet complete a short form to become registered with us prior to working together. This allows us to become familiar with you and you with us. Please complete and attach the requested documentation. Submit via fax 1.859.201.1177 or via email to beth@friendsandvetshelpingpets.org. If you have any questions, please call 859.309.2043. Thank you.

1.	Date:
2.	Veterinarian's Full Name:
3.	Animal Clinic/Hospital's Name and Address:
4.	Animal Clinic/Hospital Phone and email address:
5.	Animal Clinic/Hospital website:
6.	Provide the Animal Clinic/Hospital's EIN number: (We are required to file an information return with the IRS to report income paid to you and must obtain your TIN or EIN to do so.)
7.	Please attach a copy of your veterinary license
8.	List any specialized areas of practice in which you are certified or have experience. Attach copies of certifications, if applicable.
9.	List community involvement including volunteer work, memberships in community organizations (BBB, Rotary etc.)
10.	List professional organizations with whom you or your veterinary clinic maintain membership.
11.	Please attach your curriculum vitae.
herein a determ	nitting this Request for Veterinary Approval Form, I am stating under penalty of fraud that all of the facts contained are true and accurate. With my signature herein below, I am expressing my intent to work closely with clients to ine and refer those who are in need of financial assistance, and to work with Friends & Vets Helping Pets to help said by donating a portion of my time to reduce costs incurred.
	Dated this day of, 201
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