

"Regular Vet AND Emergency Vet Approval Form"

Listing of a vet that you have had experience with that is *familiar with Great Danes*

Name of Clinic/Hospital: _____

Names of Vets at that location: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Hours of operation: _____

Cross Street Location: _____

What kind of services does he/she have that they specialize: i.e. Bloat, Frozen Semen, CHIC, Alternative Medicines, Chiropractic, Homeopathy, Reproduction, Acupuncture, Ear Cropping, General Vet Practice, Cancer, Ortho, Cardio, CERF, OFA, Contact Reflex Analysis

Member or person making the referral: _____
(List your name, address, phone and email on the reverse, please)

Nearest Emergency Vet Clinic/Hospital _____

Address: _____

City: _____

Phone number _____

Cross street Information _____

Hours of operation: i.e. 24 hour access, weekends or overnight only: _____

Method of Payment Accepted: Credit Card: _____ Check: _____ Cash: _____

I understand that my name will be published along with other veterinarians on the Great Dane Club of America website and/or in a pamphlet. <http://www.gdca.org/emergvet.htm>
Yes _____ No _____

Veterinarian's Signature

Date

Thank you for your participation in this important endeavor.

Please return form to: Mary Ann Land
8501 Zanzibar Ln. No.
Maple Grove, MN 55311
763-494-9732

maryann.land@comcast.net