

“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: _____

Vets at that location: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Phone: _____ **Email:** _____

Hours of operation: _____

Cross Street Location: _____

Website address: _____

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

Member or Person making the referral: _____
(List your name, address, phone and email on the reverse side of this form 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: 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/emergency-clinics.html>
Yes _____ No _____

Veterinarian's Signature Date

Thank you for your participation in this important endeavor.

Please return form to: **Mary Ann Land** or: maryann.land@comcast.net
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Maple Grove, MN 55311
763-494-9732