

PetCheck 2017

Enrollment Form

Clinic contact: _____

Clinic/hospital name: _____

Address: _____

Phone number: _____ Email: _____

Submitted by: _____ Date: _____

Appointment scheduling information:

Our clinic wishes to participate on: Saturday Sunday Both Saturday and Sunday

Please complete the following table to help us schedule your appointments:

Please schedule appointments at my clinic	Saturday, April 8	Sunday, April 9
Time Period (e.g. 12pm-4pm)		
Time per appointment (in minutes)		
For # of veterinarians		
Total appt. slots offered		

Example: Starting at 12 PM, in 30 minute increments, concluding at 3 PM, for 2 veterinarians, results in 12 appointment slots offered.

Please send your completed enrollment form to Lauren Gladu at CVMA, 191 Yuma Street, Denver, CO 80223
 EMAIL: laurengladu@colovma.org FAX: 303.318.0450 (Attn: Lauren Gladu)

Please contact Lauren Gladu at 303.539.7267 or laurengladu@colovma.org with any questions.

Enrollment Deadline: March 1, 2017

