**Point of Contact Information**

Please take a moment to **SAVE** this document to your computer. Remember to save the file after you complete the form.

After you complete and save this form, please email it to [updates@vetnetwork.com](mailto:updates@vetnetwork.com?subject=POC%20Questionnaire).

If you prefer to submit a hand-written form, [click here to download](http://vetnetwork.com/pdf/point-of-contact.pdf) a printable PDF.

## PRACTICE NAME: Click here to enter hospital or practice name.

## POINT OF CONTACT INFORMATION

## Who is the point of contact (POC) for VetNetwork at your hospital? Click here to enter POC name.

## *This person is empowered to communicate design and content approvals to VetNetwork.*

## What is the best telephone number to reach this person? Click here to enter phone number.

## What is this person’s email address? Click here to enter email address.

## Will this person be responsible for design decisions? YES; NO.

**HOSPITAL / PRACTICE OWNER CONTACT INFORMATION**

*This needs to be filled out and is not distributed to anyone outside VetNetwork.*

Owner Name: Click here to enter name. Cell Phone Number: Click here to enter phone.

Email Address: Click here to enter email. Practice Phone Number: Click here to enter phone.

**PHOTOGRAPHER INFORMATION**

*Please complete the following section if we are developing a Website for your practice.*

*If you have not yet contracted with a photographer, submit this form with the information you have and then resubmit it after you have your photographer’s information.*

Name: Click here to enter name. Phone Number: Click here to enter phone.

Email Address: Click here to enter email.

Website Address: Click here to enter web address.