



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.

PRACTICE NAME: _____

POINT OF CONTACT INFORMATION

Who is the point of contact (POC) for VetNetwork at your hospital?

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

What is the best telephone number to reach this person? _____

What is this person's 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: _____ Cell Phone: _____

Email Address: _____

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.

Owner Name: _____ Phone Number: _____

Email Address: _____

Website Address: _____