

## Veterinarian Application

You may use this application if you are a veterinarian actively treating wildlife or would like to become one.

Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you the owner/proprietor of the clinic above? \_\_\_\_\_

Species you specialize in (or would like to):

\_\_\_\_\_

Restrictions on your services (dates unavailable, part-time basis, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are presently treating wildlife, what is your fee? \_\_\_\_\_

What is your monthly/yearly caseload?:

\_\_\_\_\_

What support could we provide to help you treat wildlife?: \_\_\_\_\_

\_\_\_\_\_

Seminars or training opportunities you would like to attend: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Geographic region (if not specified by address above): \_\_\_\_\_

Would you like to train vet interns and/or other vets interested in wildlife?: \_\_\_\_\_

Other input you would like to provide may be related on back. *Thanks!*