



9PetCheck Enrollment Form

Clinic contact: _____

Clinic/hospital name: _____

Address: _____

Phone number: _____

E-mail address: _____ Website: _____

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, July 30	Sunday, July 31
Time Period (e.g. 12-4)		
Time per appointment (in minutes)		
For # of veterinarians		
Total appt. slots offered		

For example:

Starting at 12 PM, in 30 minute increments, concluding at 5 PM, for 2 veterinarians, results in 12 appointment slots offered:

<i>Time</i>	<i>12:00</i>	<i>12:30</i>	<i>1:00</i>	<i>1:30</i>	<i>2:00</i>	<i>2:30</i>
<i>Dr. A</i>	<i>#1</i>	<i>#3</i>	<i>#5</i>	<i>#7</i>	<i>#9</i>	<i>#11</i>
<i>Dr. B</i>	<i>#2</i>	<i>#4</i>	<i>#6</i>	<i>#8</i>	<i>#10</i>	<i>#12</i>

**Please send your completed enrollment form to: CVMA, 191 Yuma Street, Denver, CO 80223
EMAIL: TaraMiller@colovma.org FAX: 303.318.0450; Attn: Tara Miller**

Once we have your information, you will be sent a detailed packet with instructions and protocol. We will also send you a spreadsheet with your appointment schedule for confirmation.

Please contact Tara Miller at 303.539.7267 or TaraMiller@colovma.org with questions.

Please respond by June 27, 2011.