“Regular Vet AND Emergency Vet Approval Form” Listing

of a vet that you have had experience with that is familiar with Great Danes.

Name of Clinic/Hospital: ________________________________________________________________

_____________________________________________________________________________________

Vets at that location: __________________________________________________________________

Address: __________________________________________________________________________

City: ___________________________ State: ___________ Zip________________

Phone: ___________________________ Email: ________________________________

Hours of operation: _________________________________________________________________

Cross Street Location: ______________________________________________________________

Website address: ________________________________________________________________

What kind of services does he/she have that they specialize: i.e. Bloat, Frozen Semen,
Alternative Medicines, Chiropractic, Homeopathy, Reproduction, Acupuncture, Ear Cropping,
General Vet Practice, Cancer, Ortho, Cardio, CERF, OFA, CHIC, Contact Reflex Analysis

_____________________________________________________________________________________

Member or Person making the referral: _________________________________________________

(List your name, address, phone and email on the reverse side of this form please)

Nearest Emergency Vet Clinic/Hospital _________________________________________________

Address: __________________________________________________________________________

City: _______________________________________________________________________________

Phone number ________________________________________________________________________

Cross Street Information: ______________________________________________________________

Hours of operation: i.e. 24 hour access, weekends or overnight only: __________________________

_____________________________________________________________________________________

Method of Payment: Credit Card:___________________________Check:__________Cash:___________

I understand that my name will be published along with other veterinarians on the Great Dane Club
of America website and/or in a pamphlet. http://www.gdca.org/

Yes___________No______________

Veterinarian’s Signature ___________________________  Date ________________________________

Thank you for your participation in this important endeavor.

Please return form to:  Mary Ann Land  or: maryann.land@comcast.net
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Maple Grove, MN 55311
763-494-9732