

**“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](mailto:maryann.land@comcast.net)  
**8501 Zanzibar Ln. N.**  
**Maple Grove, MN 55311**  
**763-494-9732**