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## AMERICAN MORKSHIRE RESCUE ASSOCIATION

### VETERINARIAN PARTNER SERVICE GUIDELINES

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At American Morkshire Rescue Association, we provide all of our foster and rescue dogs follow-up services, at no cost.

The American Morkshire Rescue Association would like to form partnerships with compassionate, caring veterinarians like you. Through your partnership, you will provide veterinary care, at no charge or reduced cost, for our foster and rescue dogs in your area. On average, the people we serve tend to have limited fixed incomes and AMRA operates by volunteers that open their homes and hearts to a foster or rescue in need. That's why - with your help - the American Morkshire Rescue Association will become the first Rescue in North America with such a support program for our fosters and rescues.

#### **Benefits: As a Veterinarian Partner, you'll gain:**

- A recognition sign for your lobby
- Recognition on our website
- The gratification of making a lasting impact!

#### **Partner Level of Service**

Our veterinarian partners choose from three levels of service: *Platinum*, *Gold*, or *Silver*, as follows:

**PLATINUM VETERINARIAN PARTNER** - Veterinarian provides 100% of care at no cost, including annual exams, vaccinations, non-emergency visits, and emergency care.

**GOLD VETERINARIAN PARTNER** - Veterinarian provides 100% of care at no cost, including annual exams, vaccinations, non-emergency visits and provides 50% discount for emergency care visits.

**SILVER VETERINARIAN PARTNER** - Veterinarian provides 100% of care at no cost, including annual exams, vaccinations, and provides 50% discount for non-emergency and emergency care.

Veterinarian Partners agree to provide their committed portion of the services being delivered to American Morkshire Rescue Association foster and rescue dogs at reduced or no cost, and to send medical records to:

**American Morkshire Rescue Association**  
**Attn: Rescue & Recovery**  
**PO BOX 473 - Burnsville, NC 28714-0473**



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## AMERICAN MORKSHIRE RESCUE ASSOCIATION VETERINARIAN PARTNER SERVICE AGREEMENT

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We recommend that all foster and rescue dogs owned by American Morkshire Rescue Association receive medical services by an American Morkshire Rescue Association Veterinarian Partner. Veterinarian expenses will vary depending upon the level of commitment each partner has chosen: Platinum, Gold, or Silver. Veterinarians, agree prior to entering this agreement, that they have read the AMRA Veterinarian Partner guidelines provided and submit the following information.

I agree to provide care at the following level:

- PLATINUM
- GOLD
- SILVER

I have read and agree to the AMRA Veterinarian Partner Guidelines.

I agree to provide care to the following number of foster and rescue dogs:

- 1 - 3
- 4 - 6
- No limit
- Other \_\_\_\_\_

I would like to cap my donated services at an annual cost not to exceed \_\_\_\_\_. (Optional)

I agree to provide medical records and exam results to the American Morkshire Rescue Association via email, mail, or fax.

I understand that either party (Veterinarian Partner or American Morkshire Rescue Association) can withdraw from this agreement at any time by providing a 30-day written notification to the other party.

**Marketing Release:**

I agree to allow American Morkshire Rescue Association to list my information on the recognition page of AMRA website.

I do not wish to list my information on the recognition page of AMRA website.

**VETERINARIAN INFORMATION:**

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

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**BUSINESS / PRACTICE INFORMATION:**

Business / Practice Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website URL (to link on our recognition page): \_\_\_\_\_

**NUMBER OF STAFF MEMBERS IN BUSINESS / PRACTICE:**

Veterinarians: \_\_\_\_\_ Vet techs: \_\_\_\_\_ Front desk personnel: \_\_\_\_\_

**By signing and submitting this form, I agree to abide by the terms of this agreement and represent that I am duly authorized to enter into such an agreement on behalf of the above-named veterinarian / veterinary practice / clinic / hospital.**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Vet License Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**(AMRA Office Below)**

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_