



Colorado Veterinary  
Medical Foundation

## Veterinary Practice Partner Program (VP<sup>3</sup>) Partner Agreement

On behalf of \_\_\_\_\_, I hereby authorize participation in the Veterinary Practice Partner Program with the Colorado Veterinary Medical Foundation (CVMF). I understand that this participation is voluntary and may be terminated at any time by the practice. I authorize CVMF to publicly recognize the practice as a participant in the VP<sup>3</sup> program.

CVMF understands that no two practices are the same and there must be flexibility built into this program. Please select from the options below how your practice would like to participate as a Veterinary Practice Partner. Our clinic agrees to:

- Donate \_\_\_\_\_ % of net sales annually, quarterly or on a set day(s) in the year:
  - Annually     Quarterly     Specific date: \_\_\_\_\_
- Allow CVMF to place a "Donation Box" on the counter at our practice.
- Ask clients if they would like to make a donation to CVMF and have it added to their bill.
- Allow CVMF to place a standard donation request on practice invoices.
- Present clients an incentive by offering them a 5% discount that they can either take on their bill or choose to pay in which the 5% is then donated to CVMF.
- Donate \$\_\_\_\_\_ for each euthanasia or birth our practice performs; wherein, memorial or birthday cards are sent to the recipient the donation is made on behalf of.
- Donate \$\_\_\_\_\_ for each spay or neuter surgery our practice performs.
- Promote CVMF through our corporate newsletters.
- Allow CVMF to mail its *HeartLink* newsletter to our practice mailing list.
- Donate unused medical supplies.
- Other (please provide description) \_\_\_\_\_

Please designate our gift(s) to the Colorado Veterinary Medical Foundation in the following area:

- Where the Need is Greatest
- Animal Emergency Management Program
- Veterinary Student Support
- Other: \_\_\_\_\_
- Harrison Memorial Animal Hospital
- Community Pet Sterilization Program
- Home Outreach Pet Exam (HOPE) Program

Donor (Practice) Name \_\_\_\_\_

Contact \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

It is our practice's intention to fulfill the terms of this pledge. However, should unforeseen circumstances require cancellation or modification of these terms I, on behalf of our practice, reserve the right to do so in writing to the Colorado Veterinary Medical Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date