

PLAA Partners with Vets Nomination Form

As a PLAA member, I would like to be a part of the Partners with Vets Program by nominating a deserving veterinarian in my area. I realize that I might need the vet's help in filling out this application accurately. My name is _____ and I am a member of PLAA.

I am nominating the following veterinarian:

1. Name of Veterinarian: _____
2. Address: _____
3. Phone Numbers: Office _____ Cell: _____
4. Number of llama/alpaca clients this vet serves: _____
5. Number of animals this vet serves: _____
6. Health concerns of his/her region: _____
7. Lama population in my (person nominating) area: _____
8. Is this vet currently practicing? Yes _____ No _____
9. Is this vet an institution committed to lama care? Yes _____ No _____
10. Is this vet willing to be included in the PLAA database mailing list? Yes _____ No _____
11. Is this vet willing to provide photograph and information for possible use in an article or news release? Yes _____ No _____
12. Has this vet had any training in camelids either in vet school or in continuing education? Yes _____ No _____
13. Would this vet prefer reference material _____ or partial contribution toward a day clinic _____?

14. Use the back of this form to tell why you believe this vet is deserving of this award.

I understand that the PLAA Partners with Vets Program is an ongoing program and that my nomination will not be thrown out: in fact, it will continue to remain in the pool from which future recipients are chosen. I understand that I can supply new information about my nominee anytime by simply forwarding it to the address on this application and putting my name and the nominee's name on the update.

Return Application to: Carol Reigh
Partners with Vets Selection Committee
409 Buck Hollow Road
Birdsboro, PA 19508