



4210 77th Street East | Palmetto, FL 34221 | (941) 729-5665 | dogsinc.org

Veterinarian Partner Guidelines & Service Level Agreement

Veterinarian Partner Guidelines

At Dogs Inc, we provide all of our guide dogs, service dogs, and skilled companion dogs, as well as our training and follow-up services, at no cost.

Dogs Inc would like to form partnerships with caring veterinarians like you. Through your partnership, you promote independence for people with disabilities by providing veterinary care at no charge or reduced costs for guide dogs and service dogs actively working with our graduates with disabilities.

Benefits

As a Veterinarian Partner, you'll gain:

- A recognition sign for your lobby.
- Complimentary membership in our [PupPal](#) Program.
- Recognition on our website.
- The satisfaction of making a lasting impact!

Partner Levels of Service

Our veterinarian partners choose from four levels of service: *Platinum*, *Gold*, *Silver*, or *Bronze*, 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, and non-emergency visits. Emergency care is not included and is the responsibility of the dog's guardian.
- **Silver Veterinarian Partner.** Veterinarian provides 100% of care at no cost for annual exams and vaccinations and a 50% discount for non-emergency visits and emergency care. The remaining 50% of costs are the responsibility of the dog's guardian.

- **Bronze Veterinarian Partner.** Veterinarian provides 100% of care at no cost for annual exams and vaccinations. The costs of all other services, including non-emergency and emergency care, are the responsibility of the dog's guardian.

Veterinarian Partners agree to provide their committed portion of the services being delivered to Dogs Inc graduates at reduced or no cost and to send accompanying records and medical notes to:

Mail:

Dogs Inc
Attn: Alumni Benefits Administrator
4210 77th Street East
Palmetto, FL 34221

Tel 941-803-7562

Fax: 941-348-6372

Email: AlumniBenefits@guidedogs.org

Note: Dogs Inc has partnered with Elanco and Fromm Family Pet Food to provide our active guide dogs and service dogs with Trifexis preventatives and Fromm dog food.

Veterinarian Partner Service Level Agreement

We recommend that all dogs owned by Dogs Inc, Inc. and their graduates receive medical services by a Dogs Inc Veterinarian Partner. Veterinarian expenses will vary depending upon the level of commitment each partner has chosen: Platinum, Gold, Silver, or Bronze.

Veterinarians, prior to entering this agreement, please review the guidelines provided and then submit the following information.

I agree to provide care at the following level:

- PLATINUM**

- GOLD**

- SILVER**

- BRONZE**

I agree to provide care to the following number of working dogs:

- 1 – 3
- 4 – 6
- No limit
- Other _____

- (optional) I would like to cap my donated services at an annual cost not to exceed _____.
- I have read and agree to the Veterinarian Partner guidelines.
- I agree to provide medical records and exam results to Dogs Inc via mail, email, or fax.
- I understand that either party (Veterinarian Partner or Dogs Inc) can withdraw from this agreement at any time by providing a 30-day written notification to the other party.

Veterinarian name: _____

Practice name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Website URL (to link on our recognition page): _____

Number of staff members in the practice:

Veterinarians: _____

Vet techs: _____

Front desk personnel: _____

Marketing release:

- I agree to allow Dogs Inc to list my information on the recognition page on the website.
- I *do not* wish to list my information on your recognition page on the Dogs Inc website.

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 abovenamed veterinarian/veterinary practice/clinic/hospital.

Signature: _____

Printed name: _____

Date: _____