

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

Veterinarian Partner Guidelines & Service Level Agreement

Veterinarian Partner Guidelines

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

Southeastern Guide Dogs 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 Sponsor a Puppy 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 handler.
- **Silver Veterinarian Partner.** Veterinarian provides 100% of care at no cost for annual exams and vaccinations, and provides a 50% discount for non-emergency visits and emergency care. The remaining 50% of costs are the responsibility of the dog's handler.

• **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 handler.

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

Mail:

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

Tel 941-803-7562 Fax: 941-348-6372

Email: AlumniBenefits@guidedogs.org

Note: Southeastern Guide Dogs 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 Southeastern Guide Dogs, Inc. and their graduates receive medical services by a Southeastern Guide Dogs 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.

Ιa	gree	to provide care at the following level:		
		PLATINUM		
		GOLD		
		SILVER		
		BRONZE		
Ιaς		to provide care to the following number of working dogs:		
		1 – 3 4 – 6 No limit Other		
	(op	tional) I would like to cap my donated services at an annual cost not to exceed		
	l ha	ave read and agree to the Veterinarian Partner guidelines.		
		gree to provide medical records and exam results to Southeastern Guide Dogs via mail, ail, or fax.		
		inderstand that either party (Veterinarian Partner or Southeastern Guide Dogs) can hdraw from this agreement at any time by providing a 30-day written notification to the other ty.		
Veterinarian name:				
Practice name:				
Address:				
City:				
State:				
7in	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 Southeastern Guide Dogs to list my information on the recogn on the website. I do not wish to list my information on your recognition page on the Southeas Dogs website. 	
By signing and submitting this form, I agree to abide by the terms of this agreement a represent that I am duly authorized to enter into such an agreement on behalf of the a named veterinarian/veterinary practice/clinic/hospital.	
Signature:	
Printed name:	
Date:	