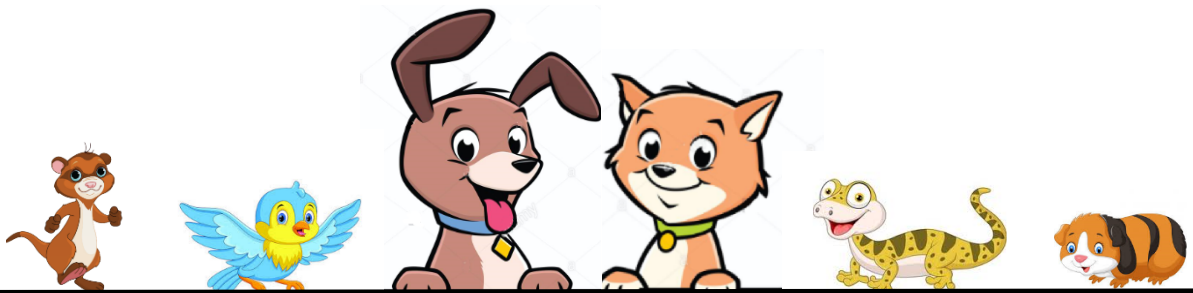

ABSECON VETERINARY HOSPITAL



& EMERGENCY SERVICE

“Alone we can do so little, together we can do so

...



Partner with Us!

Absecon Veterinary Hospital provides General Practice and Emergency Services with 20+ doctors and 80+ support staff (including Exotic Specialties). We are currently in the process of moving towards 24/7 treatment. Currently, we are open 7am-midnight with 24-hour nursing support 7 days per week.

We are thrilled to welcome your organization to Absecon Veterinary Hospital's Rescue Partnership Program! Partnering with us incentivizes you with a 25% discount off of all services, prescriptions, products, (and of course spay and neuter), as well as formal partnership promotion of your rescue on our hospital's website.

Once the required documentation listed below is submitted and reviewed, your organization will begin receiving your discount as outlined. Thank you for entrusting Absecon Veterinary Hospital with the care of your rescue pets, we look forward to a long and meaningful partnership!

Any questions and/or concerns, please contact:

Cherie Scheurich
Rescue Coordinator
cscheurich@abseconvet.com
(609) 646-7013 ext. 127

Mya Gardiner
Rescue Coordinator Assistant
mgardiner@abseconvet.com
(609) 646-7013 ext. 174

Document Checklist

Please provide the following:

- Copy of 501c3
- E-Mail Address
- Phone numbers & Address
- Signed Financial Consent Form
- Donations Agreement
- 2 Organization contacts
- Description of the animals your rescue serves

_____	_____	_____	_____
President Name	Address	Phone	Email
_____	_____	_____	_____
Vice President Name	Address	Phone	Email

AVH Adoption Network

As an extra perk for partnering with us, we can help you canvas for Pet Foster Parents and advertise some of your adoptable pets on social media and in our Client Monthly Newsletters. In addition, a Complimentary First Exam Coupon will be provided to all pets from your organization who are adopted to families local to our facility.

Financial Consent

By signing this document, I am aware that I am responsible for any and all financial balances due. Bills will be discounted and emailed to you monthly. I agree to pay for billed services received **within 30 days**. All billing related issues will be handled by our Director of Finance, Venice Gulics, 609-646-7013 ext. 125 or via email _____ at vgulics@abseconvet.com.

Print Name

Organization

Sign Name

Date

Credit Card Authorization

First: _____

Phone #: _____

Last: _____

Fax #: _____

Rescue: _____

Email: _____

Card Type:



Address: _____

Cardholder Name: _____

City: _____

Expiration Date: _____

State: _____

Zip Code: _____

CID #: _____

I, _____, authorize Absecon Veterinary Hospital to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Signature

Date

Please list any pertinent information about your rescue below:

