



Sponsored by the Minnesota Veterinary Medical Association

Animal Hall of Fame Application

Category: Hero Companion Professional

Nominating Veterinarian (MVMA member)

Name _____

Practice name _____

Address _____

Telephone (_____) _____ Email _____

Years you have known nominee _____

Nominee (animal)

Name _____

Date of birth _____ Gender _____

Species _____ Color _____

Breed _____

Owner/Caretaker

Name _____

Address _____

Telephone (_____) _____ Email _____

Years you have known nominee _____

*My signature below is evidence of my awareness and permission for submission of this nomination:
As well I agree to assume liability for any injury or damage caused by the nominee during the awards ceremony event.*

Owner/Caretaker Signature _____

Deadline: December 1, 2010

Mail this form, along with the supporting documentation described in the "Requirements" section to:
**MVMA, 101 Bridgepoint Way, Suite 100,
South St. Paul, MN 55075.**

For more information, call the MVMA office at (651) 645-7533.