Veterinary Practice Registration Form - 2008

To take part in Pet Smile Month your practice has to register by completing and returning this form.
An advertising campaign by Pedigree® will help drive clients to Pet Smile Month practices.
Dentistry Guides will be allocated by registration date. Demand will be high - so register NOW!

Pet Smile Month will:-

- Nationally promote Veterinary Dentistry.
- Nationally promote the 'complimentary' Pet Smile dental check-ups.
- Promote your practice on the PSM web-site and the PSM Phone help-line.
- Run the National 'Pet's Healthy Smile' art-work competition with quality prizes.
- Collate the PSM survey.
- Distribute Dentistry Guides and other materials to participating practices whilst stocks last.
- Provide prizes for a draw of participating practices of Dental Equipment with a total value of approx. £3,000 (see web for T&C's).

In return, you agree that your practice will:-

- Provide 'Complimentary Pet Smile Check-Ups' for the public at no charge.
- Distribute Dentistry Guides to the public whilst your stocks last.
- Run your own local 'Pet's Healthy Smile' art-work competition and forward the overall winner to the National competition.
- Participate in any local PR for Pet Smile Month.
- Complete the 'Pet Smile Survey' forms and return the forms to PSM. Remember these will be entered in the Prize Draw.
- Complete a short questionnaire about your practice's involvement in PSM.

You can change your practice details at any time, live on **www.PetSmile.org** (use your PSM id and the password in your 'Invitation Letter'). A completed form (**signed by a MRCVS**) must be returned for initial registration.

Registrations for PSM 2008 are limited - No registrations will be accepted after August 15th 2008.

Practice Name

Street Address

PSM ID

District 1 | District 2

Town/City | County

PostCode | Phone | Fax

E-Mail | WebSite

Contact for Press

Partners' Names

This form **MUST** be signed by a **MRCVS** who is authorised to certify that the practice fully agrees to take part in PSM. Unsigned forms will **NOT** be registered.

Signed:

Print Name:

Date:

MRCVS .....//2008

One form required for each Branch. Photocopy if needed

- ☐ Please tick **to apply** for Gold PSM Membership (early bird registration for 2009)
- ☐ PSM and our major supporters may wish to contact you with product news and special offers. If you would prefer this **NOT** to happen please tick here.
- ☐ If you are happy to be contacted by email please tick here.
- ☐ PSM may wish to release your details to other reputable companies. If you would prefer this **NOT** to happen please tick here.