



Veterinary Practice Registration Form - 2007

To take part in Pet Smile Month your practice has to register by completing and returning this form. A major advertising campaign by Pedigree® will help drive clients to Pet Smile Month practices. Goody Bags 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 'Goody Bags' and other materials to participating practices whilst stocks last.
- Provide a prize for the participating practices of Dental Equipment worth approx. £3,000 on a draw of completed survey forms.

In return, you agree that your practice will:-

- Provide 'Complimentary Pet Smile Check-Ups' for the public at no charge.
- Distribute 'Goody Bags' to the public whilst your stocks last.
- Not substitute, add or remove products from the Pet Smile 'Goody Bags'.
- 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 2007 are limited - No registrations will be accepted after August 10th 2007.**

Practice Name				PSM ID					
Street Address				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**/...../2007

One form required for each Branch. Photocopy if needed

Goody Bags

Available whilst stock lasts

Canine:

75	150
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Feline:

50	100
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Tick one Box Canine & one Box Feline.

- Please tick **to apply** for Gold PSM Membership (automatic renewal)
- 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.