



Veterinary Practice Registration Form - 2009

To take part in Pet Smile Month your practice has to register by completing and returning this form. An advertising campaign will help drive clients to participating 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.
- Provide a prize for the best Reception Area Display on Oral Health.
- Distribute Goody Bags 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. £2,000 (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 Goody Bags to the public whilst your stocks last.
- Not substitute, add or remove items 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 2009 are limited - No registrations will be accepted after August 14th 2009.**

Practice Name	<input type="text"/>			PSM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>			ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
District 1	<input type="text"/>	District 2	<input type="text"/>					
Town/City	<input type="text"/>			County	<input type="text"/>			
PostCode	<input type="text"/>	Phone	<input type="text"/>	Fax	<input type="text"/>			
E-Mail	<input type="text"/>			WebSite	<input type="text"/>			
Contact for Press	<input type="text"/>							

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**/...../2009

One form required for each Branch. Photocopy if needed

- Please tick **to apply** for Gold PSM Membership (early bird registration for 2010)
- 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.