



**LARGE ANIMAL
PARTNER PACKET**

Cape Veterinary Hospital provides General Practice veterinary services. We are open 8 AM to 6 PM Monday-Friday and 8 AM to 2 PM on Saturdays.

We are thrilled to welcome your organization to Cape Veterinary Hospital's Rescue Partnership Program! Partnering with us incentivizes you with a 25% discount off of all services including spays and neuters, as well as formal partnership promotion of your rescue on our hospital's website.

Once the required documentation is submitted and reviewed, your organization will begin receiving your discount as outlined.

Thank you for entrusting Cape 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:

Krista Whalin, Hospital Director - Cape Veterinary Hospital 609-465-9326



THANK YOU FOR BEING A PARTNER

Now you can take advantage of these special benefits

25% SAVINGS DISCOUNT!

Discount applies to all products and services except the farm call fee (price based on milage from office)

SICK EXAMS

WELLNESS VISITS

TUSK/HOOF TRIM

SURGERY

HOSPITALIZATION

..and MORE!



TNR PROGRAM

MALE CAT: \$79
FEMALE CAT: \$117



PARTNERSHIP PERKS

We strongly believe in giving back to the community and supporting the efforts of local animal rescues and shelters! We are open to any and all ideas to find these wonderful pets their forever home as well as keeping them safe and healthy. We are honored to contribute to your purpose in any way that we can. For event collaboration/sponsorships, please email kwhalin@capevethospital.com



DOCUMENT CHECKLIST

PLEASE PROVIDE THE FOLLOWING:

- COPY of 501c3
- COMPLETED CONTACT FORM
- SIGNED FINANCIAL CONSENT FORM
- DONATIONS AGREEMENT
- CREDIT CARD AUTHORIZATION FORM



CONTACT FORM



RESCUE NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

FIRST POINT OF CONTACT

NAME: _____

E-MAIL: _____

PHONE NUMBER: _____

TITLE: _____

SECOND POINT OF CONTACT

NAME: _____

E-MAIL: _____

PHONE NUMBER: _____

TITLE: _____

PLEASE LIST ANY PERTINENT INFORMATION ABOUT YOUR RESCUE BELOW:

CAPE VETERINARY HOSPITAL

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.

SOCIAL MEDIA POLICY

Rescue Partners are encouraged to post the following information on your web pages and social media accounts:

- Partnership with Cape Veterinary Hospital
- Fundraising campaigns to cover treatment costs for animals you obtain from Cape Veterinary Hospital.

However, Rescue partners are PROHIBITED from posting:

- Any Cape Veterinary Client or Pet information regarding animal cruelty/abuse/neglect or cases involving the police, and
- You may not post ANY disparaging comments on Cape Veterinary Hospital client accounts

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 or billed services received within 30 days. All billing related issues will be handled by our Financial Specialist.

PRINT NAME

ORGANIZATION

SIGNATURE

DATE

CREDIT CARD AUTHORIZATION



FIRST NAME: _____

LAST NAME: _____

RESCUE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ E-MAIL: _____

CARD TYPE:



CARD NUMBER: _____

EXPIRATION: _____ CID#: _____

I, _____, AUTHORIZE CAPE 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