

Eligibility Form – WVPMA Member of the Year

Please complete this form and submit by September 9, 2022 to:

Josette Svitter, 1020 S. Pleasant View Rd Plymouth, WI 53073 Fax: 888-256-1050; <u>Josette@dairydoctors.com</u> or Sarah Zurmond, 4415 Hwy 45 Eden, WI 53019 <u>countryhillsrehab@gmail.com</u>

Name of Nominee:	Title:
Practice:	Yrs in current position:Yrs member WVPMA:
List WVPMA committee and/or board position	ons held:
accomplishments have positively impacted Examples: Works actively to improve their practic manner consistent with its mission. Set the best e	e and maintain excellence. Ensures their practice achieves its goals and functions in a example of professionalism and compassion in their practice. Supports continued education mselves. Make decisions and take actions that indicate that the practice needs are a priority.
animal welfare. Examples: Contributed to a human-animal progra	nmunity service or public education as it relates to veterinary medicine and/or m that served their community. Volunteerism at a local shelter or rescue, participation in a set the public about veterinary medicine or animal welfare or promotion and support of owners in the community.
environment and improve practice excellen	ills received through membership of the WVPMA to enhance the work ce. ent, employee staff meetings, marketing, website management, etc.
Feel free to attach any additional information or a	personal statement that may help identify this nominee as a worthy recipient of this award.
Signature of employer Please provide your phone number and email add	Please print name ress so that we may contact you if necessary in regards to this nomination.
Phone:	Email: