

# WVMA Awards Nomination Form

## Nominations Due August 1

WVMA award nominations for Veterinarian of the Year, Friend of Veterinary Medicine, Corporate Partnership Award, Outstanding Service Award, Outstanding Service Team Award and Veterinary Health Care Team Member of the Year will announced at the Wisconsin Excellence in Veterinary Medicine Awards Ceremony on November 3, 2019.

Nominee's Name: \_\_\_\_\_

### Your Contact Information

Name of the Person Nominating: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nominating for:  Veterinarian of the Year    Friend of Veterinary Medicine    Corporate Partnership Award  
 Outstanding Service Award    Outstanding Service Team Award    Veterinary Health Care Team Member of the Year

Please return nomination form and at least one letter of support to the WVMA office by August 1. Additional letters of support are encouraged, but not required.

Send materials to: WVMA Awards – 4610 S. Biltmore Lane, Suite 107, Madison, WI 53718, or email them to Kelsey at [kbeaver@wvma.org](mailto:kbeaver@wvma.org) with WVMA Awards noted in the subject line.

If you have questions, call the WVMA at (608) 257-3665, or e-mail Kelsey at [kbeaver@wvma.org](mailto:kbeaver@wvma.org).

### Award Descriptions

**Veterinarian of the Year** – This award is given annually to a WVMA member who has made major contributions toward the advancement of the veterinary medical profession.

**Friend of Veterinary Medicine** – This award is given to a non-veterinarian who has demonstrated outstanding support for veterinary medicine or organized veterinary medicine in Wisconsin.

**Corporate Partnership Award** – This award is given to a business which has demonstrated outstanding support for veterinary medicine and organized veterinary medicine.

**Outstanding Service Award** – This award recognizes a WVMA member veterinarian's significant contributions to the public through community activities. The veterinarian is an excellent representative of the profession through active community involvement and service.

**Outstanding Service Team Award** – This award is designed to honor a veterinary clinic/hospital team that is an excellent representative of the profession through active community involvement and service. Clinic veterinarians must be WVMA members.

**Veterinary Health Care Team Member of the Year** – This award recognizes an individual whose technical skills, efficiency, client relations and community service exemplify the best of veterinary medicine in the state of Wisconsin. Clinic veterinarians must be WVMA members.

# Wisconsin Pet Hall of Fame Nomination Form

## Nominations due August 1

This is a great opportunity to promote public awareness of the human-animal bond and recognize your wonderful patient and client.

### Requirements:

1. You must be a WVMA member to submit a nomination.
2. Each nominee must be a living domestic pet who exemplifies the affection, loyalty, security and value of the human-animal bond.
3. Fill out the nomination form below. Make sure the owner/caretaker signs it.
4. Include a letter by the nominating veterinarian and others, if desired, describing why the animal should be considered for the Wisconsin Pet Hall of Fame. Note: These letters are an important part of the nomination. The more complete and descriptive, the better!
5. Nominee (pet and owner) must be able to attend the awards ceremony during the Wisconsin Excellence in Veterinary Medicine Awards Ceremony on November 3, 2019.
6. Veterinarian and/or clinic staff of winning nominees are strongly encouraged to attend the event and speak on the nominee's behalf.

### Your nomination should be for one of these categories:

**HERO:** A pet who has saved or preserved human life

**COMPANION:** A pet who has provided benefit to his or her human companions or community

**PROFESSIONAL:** A trained assistance animal (for law enforcement, military, guide, etc.)

Category:  Hero  Companion  Professional

*Please check only one category.*

### Nominating Veterinarian (WVMA Member)

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Years You Have Known Nominee: \_\_\_\_\_

Email: \_\_\_\_\_

### Pet Nominee

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Species: \_\_\_\_\_

Color: \_\_\_\_\_ Breed: \_\_\_\_\_

### Owner/Caretaker

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Years You Have Known Nominee: \_\_\_\_\_

Email: \_\_\_\_\_

My signature below is evidence of my awareness and permission for this nomination.

Owner/Caretaker Signature: \_\_\_\_\_

Mail this form, along with the supporting materials described in the "Requirements" section to: WVMA, 4610 S Biltmore Lane, Suite 107, Madison, WI 53718, or email it to Kelsey at [kbeaver@wvma.org](mailto:kbeaver@wvma.org) with Pet Hall of Fame noted in the subject line. For more information, call the WVMA at (608) 257-3665 or email Kelsey at [kbeaver@wvma.org](mailto:kbeaver@wvma.org).