

CTS use only:
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PET ADOPTION REWARDS PROGRAM

Contact Information Form

Please complete this form and return it to your nearest Banfield Pet Hospital. ***Please include your agency's complete contact information.***

Date: _____

PET ADOPTION AGENCY (entire name): _____

Abbreviated name, if any: _____

CONTACT NAME: _____

PHONE NUMBER: _____

ADDRESS: _____
Mailing address City State ZIP

EMAIL: _____ **WEBSITE:** _____

Hospital nearest your agency: _____

To locate the hospital nearest you, go to www.banfield.com and enter your information in the Banfield Pet Hospital Locator.

Hospital **MUST** complete

Hospital # _____

Be sure to give a supply of Pet Adoption Rewards Program brochures (#80614) to the new Pet Adoption Rewards Program partners. The brochures contain the 50% off care voucher referral coupon.

Hospital Instructions:

1. Make and retain a photocopy of this form in the hospital.
2. Submit form to CTS by mailing or faxing completed version to Rozlyn Gorski at 503-922-6290.
3. Questions? Contact Rozlyn Gorski, associate marketing specialist at rozlyn.gorski@banfield.net