



Participating Veterinarian AGREEMENT

Humane Society of the Tennessee Valley • 501 (c)(3) non-profit • HSTV • Your No-Kill Shelter

Clinic/Hospital Name: _____

Contact Name: _____ Title: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please list current practicing Veterinarians of your facility:

By signing below _____ (Clinic/Hospital Name) agrees to be a participating veterinarian of the Humane Society of the Tennessee Valley. Clinic/Hospital agrees to a free initial health exam to HSTV Adopters. I also authorize HSTV to list Clinic/Hospital on their website as a Participating Veterinarian.

Authorized Signature: _____ Date: _____

Please email agreement to:

info@humanesocietytennessee.com

Subject line: Participating Veterinarian Agreement

-OR- Fax to: 865-588-6840

-OR- Mail to: PO Box 51723 Knoxville, TN 37950