**VetPartners Letter of Recommendation**

When complete, e-mail or fax directly to:

**EMAIL TO:** **membership@VetPartners.org**

Thank you for completing this form on behalf of. It is extremely important this form be completed in its entirety. The individual whose name appears above has applied for membership in VetPartners, an organization of veterinary practice professionals and consultants, and this letter of recommendation is required before the candidate’s application can be accepted. Please answer the questions below in as candid and as specific a manner as possible. Be assured that your comments will be held in the strictest confidence and the applicant will not have access to your letter or the information it contains. Please submit directly to the VetPartners Office.

Name:      Title:

Company:      City/State:

Phone Number:      Email Address:

1. **In what capacity have you known the applicant: (check all that apply):**

 [ ]  Employer

 [ ]  Business Associate

 [ ]  Utilized him/her as a consultant or advisor

 [ ]  Other (please describe):

1. **How long have you known this individual?**

 [ ]  Less than 1 year

 [ ]  1-2 years

 [ ]  More than 2 years

1. **Are you currently, or have you previously been a member of VetPartners:**

 [ ]  Yes, current member

 [ ]  Yes, previous member

 [ ]  No

1. **What type of work did this individual perform with/for you?**
2. **Are you still working with this individual?**If so, in what capacity?
3. **How would you describe the applicant’s moral character, integrity, and sincerity of commitment to the veterinary practice management profession?**
4. **This individual is applying for membership in VetPartners, an organization of veterinary practice professionals and consultants; please comment on what you feel he/she would bring to this organization:**
5. **Are you aware of any reason why this person should not be a member of VetPartners?**

I certify that the information stated within this letter of recommendation is accurate and correct to the best of my knowledge.

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Signature Date

Digital signature accepted:

When complete, e-mail directly to: VetPartners

Attn: Administrator

**membership@VetPartners.org**