



Hospital Information Request

Thank you for your interest in veterinary relief services through Visiting Veterinary Angels.

Visiting Veterinary Angels believes in providing the best care for our patients, clients, and the hospitals we serve. We value the veterinary professionals who work for us, and the hospital teams who trust in our services. We uphold the highest level of client care and appreciate the difference we make to the parties we serve. We are committed to the veterinary profession and its impact on our society, and are here to help our hospitals and subcontractors achieve professional excellence.

We offer opportunities for feedback to our clinics and subcontractors to support personal and professional growth and development. We promote a healthy work-life balance and are here to support our veterinary subcontractors and clinics in every way possible.

Please complete this request form to indicate the nature of your request. Return the form to VisitingVetAngels@gmail.com. Then, we will forward the Visiting Veterinary Angels Hospital Service Agreement. Thank you for your interest. We look forward to working with you!

Best Regards-

Visiting Veterinary Angels



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Information provided will be kept on file at Visiting Veterinary Angels, LLC (“VVA”) and will be provided to the subcontractor veterinarian/veterinary paraprofessional prior to their scheduled shift. In your absence, it is our goal for your practice to function smoothly and in accordance with your practice philosophy and policies.

Hospital Information	
Hospital Name:	
Owner:	
Address:	
Hospital Phone:	
Fax:	
Primary contact for hospital:	
Cell phone for primary contact:	
Emergency Contact Information:	
Email Address (used for routine communication and billing)	

Hospital Care Specifications



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Species Served:	
Hospital Hours:	Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:
Key Team Member List, title and contact:	
Specialty Services Offered:	
Do you Hospitalize Patients Overnight?	
What age do you recommend spay/ neuter:	Dog:
	Cat:
Heartworm Testing and Prevention Policies:	Testing (annual, every other year?):
	Prevention Recommended/Preferred:
	Prevention Recommended Seasonal or Year-Round?
Routine Vaccine Protocols	Dog



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	Cat
Will Veterinarians be expected to perform surgery? If yes, please specify:	
Preferred Attire (business casual, scrubs, lab coat?):	
Preferred Anesthesia Protocol:	
Client Payment Policy (time of service, bill?):	
Will contractor need to be available for communication outside of scheduled shifts?	
Special opportunities or concerns with your practice/team?	
Do you have interest in scheduling consulting shifts to best support and develop your hospital team?	



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Please let us know anything else you would like us to know about your practice philosophy/policies?	
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Please sign here to request a copy of Visiting Veterinary Angels' Service Agreement. Your signed request for a copy of the VVA Service Agreement acknowledges you understand that all information contained within the Service Agreement is confidential and that you will not disclose any of the information contained within to any person or entity other than your legal and financial advisors who will also be bound to non-disclosure and confidentiality.

Signature: _____

Printed Name and title: _____

Date: _____

We look forward to working with you, your hospital, your team, your clients and their pets!

Thank you!

Heather Fees, DVM
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VisitingVetAngels@gmail.com