



WVPMA Practice Manager of the Year Nomination Form
Wisconsin Veterinary Practice Managers Association

Nominator Information

Name of Person Submitting Nomination: _____
Practice/Organization Name: _____
Email Address: _____
Phone Number: _____

Nominee Information

Name of Nominee: _____
Current Position/Title: _____
Practice/Organization Name: _____

Professional Relationship

How long have you worked with the nominee? _____
In what capacity have you worked with them? _____

Nomination Details

Please describe why you are nominating this individual for Practice Manager of the Year.
(Include leadership qualities, impact on the practice/team, community involvement,
innovation, or other notable contributions.)

Additional Comments (Optional)