



Eligibility Form – WVPMA Member of the Year

Please complete this form and submit by August 1, 2024 to:

Sarah Zurmond, 4415 Hwy 45 Eden, WI 53019 countryhillsrehab@gmail.com

Name of Nominee: _____ Title: _____

Practice: _____ Yrs in current position: _____ Yrs member WVPMA: _____

List WVPMA committee and/or board positions held: _____

Describe two major accomplishments that this candidate has achieved at their practice and describe how those accomplishments have positively impacted the practice.

Examples: Works actively to improve their practice and maintain excellence. Ensures their practice achieves its goals and functions in a manner consistent with its mission. Set the best example of professionalism and compassion in their practice. Supports continued education and growth within their practice team and for themselves. Make decisions and take actions that indicate that the practice needs are a priority. Contributes positively to policy and procedure development.

Describe this nominee’s participation in community service or public education as it relates to veterinary medicine and/or animal welfare.

Examples: Contributed to a human-animal program that served their community. Volunteerism at a local shelter or rescue, participation in a school or community-based program that educates the public about veterinary medicine or animal welfare or promotion and support of activities and events that benefit animals and pet owners in the community.

Describe how this nominee has used the skills received through membership of the WVPMA to enhance the work environment and improve practice excellence.

Examples: price structuring, inventory management, employee staff meetings, marketing, website management, etc.

Feel free to attach any additional information or a personal statement that may help identify this nominee as a worthy recipient of this award.

Signature of employer

Please print name

Please provide your phone number and email address so that we may contact you if necessary in regards to this nomination.

Phone: _____

Email: _____