



HVMS PRACTICE PROFESSIONALS PROGRAM APPLICATION FORM

Please fill out both pages of this application form and return it to Business Infusions via fax at 403-567-1057. You also may scan the form and return it via email to info@businessinfusions.com

How did you first hear about the HVMS Practice Professionals Program?

Your Contact Information:

First Name	
Last Name	
Company Name	
Street Address	
City, State, Country	
Email Address	
Telephone Number	
Cell Number:	

Your Company Information:

Type of Business (consultant, reseller, etc.)	
Website Address	
How many employees	
How many years in business	
Your Tax ID number	

If you are a practice management consultant, please elaborate on the services you provide to clients:

Please explain why you want to be a member of this program:

Please provide at least two industry references (could be customers, partners, colleagues, etc.):

Please describe the primary market(s) that your company serves:

Please describe any specific geographic area(s) that your company serves:

Are you currently working with any other veterinary practice management software solutions? If so, which ones and what is your business relationship with those companies?

Please explain how you plan on marketing HVMS to potential customers:

Elaborate on your knowledge of practice management software in general, including personally using PM software now or in the past:

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